

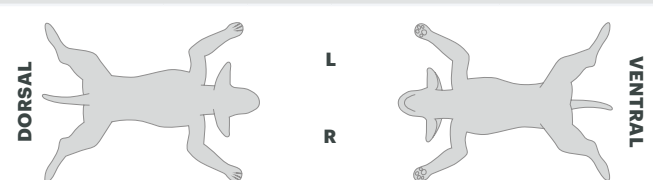
DWR Diagnostic Laboratory POWERED BY ANTECH

Station Farm, London Road, Six Mile Bottom, Cambridgeshire CB8 0UH
 01638-572-900 • lab@dwr.co.uk

LAB USE ONLY

PLACE LABEL HERE

Vet Code
Clinic Name
Address
Phone
Email
Please Complete All Sections That Apply to Avoid Reporting Delays
CYTOLOGY
Urgent (Incurs Additional Charges) <input type="checkbox"/>
Source/Site(s)
Number of sites sampled:
Enter Number of each sample type submitted
CSF <input type="checkbox"/> EDTA <input type="checkbox"/>
Fluid <input type="checkbox"/> Urine <input type="checkbox"/>
Slides <input type="checkbox"/> Swab <input type="checkbox"/>
Enter cytology code(s) requested:
HISTOPATHOLOGY
Urgent (Incurs Additional Charges) <input type="checkbox"/>
Source/Site(s)
Number of sites sampled:
Number of containers submitted:
Number of specimens submitted:
Type of biopsy
Excisional <input type="checkbox"/> Incisional <input type="checkbox"/>
Trucut <input type="checkbox"/> Endoscopic <input type="checkbox"/>
All tissue(s) submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Margin evaluation required <input type="checkbox"/> Yes <input type="checkbox"/> No
Enter histology code(s) requested:

Date	Owner		
Patient Name			
Veterinary Surgeon			
Case Number			
Species	Breed	Sex	Age
<input type="checkbox"/> Canine		<input type="checkbox"/> M <input type="checkbox"/> F	
<input type="checkbox"/> Feline		<input type="checkbox"/> Neutered	
Other		<input type="checkbox"/> Entire	
Compulsory information needed before handling your samples			
Has this patient travelled outside the UK? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please specify the country or countries:			
Is there any clinical suspicion for a zoonotic infection? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please specify:			
Is there any clinical suspicion for Mycobacterium infection? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the patient raw fed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
LOCATION			
DORSAL	L	R	VENTRAL
			
PATIENT HISTORY			
This section is Critical for Biopsy/Cytology interpretation.			
Please provide a concise clinical summary. Describe progression, gross appearance, size and distribution of the lesion(s). Please email additional clinical information where appropriate to lab@dwr.co.uk			
Previous Biopsy/Cytology submitted <input type="checkbox"/> Yes <input type="checkbox"/> No			
Lab Reference Number			
Please tick if additional clinical information emailed <input type="checkbox"/>			

All clinical information and residual samples collected for diagnostic purposes may be retained for use in clinical studies where appropriate for the ultimate benefit of animal welfare. All data would be anonymised, and any owner details not included. Please tick this box if you do NOT want your clients' samples used for these purposes.

Label all containers/slides submitted with clinic name, owner and patient name, and tissue source.