

Antech Diagnostics Histopathology Submission Form

Antech Diagnostics Limited Unit 1
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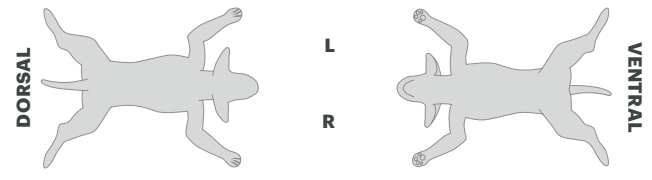
Email: **CSUK@antechmail.com**

Web: **antechdiagnostics.co.uk**

LAB USE ONLY

PLACE LABEL HERE

Date	Vet Code				
Case No.	Vet				
Patient Name	Vet Practice Name and Address				
Owner Name					
Species					
Breed	Phone				
Age	Year(s)	Month(s)	Fax		
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Neutered	<input type="checkbox"/> Entire	Email

HISTOPATHOLOGY	Compulsory information needed before handling your samples	
Source/Site(s)	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	
Number of sites sampled:	<div style="background-color: #f2f2f2; padding: 5px; font-weight: bold; margin-bottom: 10px;">LOCATION</div> 	
Number of containers submitted:		
Number of specimens submitted:		
Type of biopsy		
Excisional <input type="checkbox"/> Trucut <input type="checkbox"/> Incisional <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 test code(s) requested:		

PATIENT HISTORY

This section is Critical for Biopsy interpretation.
Please provide a concise clinical summary. Describe progression, gross appearance, size and distribution of the lesion(s).
Please email additional clinical information or clinical images where appropriate to CSUK@antechmail.com

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. <input type="checkbox"/>

Please label all containers submitted with clinic name, owner and patient name, and tissue source.