



Accession: _____

Date received: _____

Previous accessions _____

Clinic _____

Veterinarian _____

Address _____

City, State, Zip _____

Transmit report via (mark ONE): Fax _____ Email _____ Phone _____ Web _____

Species _____ Breed _____ Age _____ Sex _____ Neutered Yes No Weight _____

Pet's name _____ Number of animals in group _____ Number affected _____

Duration of present illness _____

Date Sample collected _____

Owner _____

Address _____

City, State, Zip _____

Medical Information:

When did this animal's skin problems start? _____

Describe major complaint: _____

Has disease spread to other areas? Yes No

If yes, where? _____

Severity of pruritis: None Mild Moderate Severe

Is pruritis: Constant? Intermittent?

Have you treated this condition? Yes No

If no, when did medications stop? _____

If yes, describe medications: _____

Corticosteroids (type, dose, duration):

Antihistamines (type, dose, duration):

Shampoo/rinse:

Antibiotics (type, dose, duration):

Other:

How effective was therapy? _____

Any known medication sensitivities (including topicals and shampoos): _____

What are your differential diagnoses? _____

Describe lesions: size, location, bilateral symmetry, color, shape, severity etc. _____

Submission: Skin biopsy (required) plus: Bacteriology Cytology Other

Location of LESIONS and submitted BIOPSIES (if multiple skin biopsies are submitted, please identify each separately by site – see drawing overleaf)

Items in gray boxes MUST be filled out

HISTOLOGY

Date: _____

Comments: _____

Total cassettes: _____

LAB USE ONLY

Carrier Packing: Yes No Ice: Yes No Check Rec'd: Yes No

N G H B V E P R C S F T X

Other: _____ Account No: _____

Environmental exposures

Accession:

Amount of time pet spends ___ % indoors ___ % outdoors

Is the skin problem worse? ___ % indoors ___ % outdoors

Is there a time when the problem is less severe?

Other animals in environment? Please state how many: _____

Do other animals or family members have skin problems? Yes No

If yes, please describe: _____

Is there a history of flea infestation in the household? Yes No

Name of pet food? _____ How long has pet been on this diet? _____

Is the pet receiving nutritional supplements? _____

Is the owner treating the pet with home, pet shop or other remedies? _____

Does the pet receive routine medications? _____

Age of home? _____ How long has pet lived there? _____

Results of previous diagnostic tests: _____

Other medical history (if pet has other medical problems, please provide a summary or (if extensive) attach copy of pertinent medical records):

Toward better biopsies:

- **Submit signalment and clinical history**
- **Biopsy early in clinical course.**
- Use a 6 or 8 mm punch, or excisional biopsy with scalpel.
- Multiple biopsies are best.
- Reserve 4 mm punches for difficult sites like eyelids, pads or nasal planum.
- Biopsy a range of active and chronic lesions.
- **If practical, take the animal off all medication, especially glucocorticoids, 2 – 3 weeks before biopsy.**
- Include normal skin with lesions.
- Do not scrub biopsy site.
- If serocellular crusts are present, include them with biopsy in formalin.
- Fix immediately after biopsy – don't let it dry out.
- Please submit photographs of lesions if you think they are helpful.
- **If the dermatopathology report does not correlate with clinical picture, please contact the laboratory**

