

Submission form

Pathology

Client number / Barcode

LABOKLIN

LABOR FÜR KLINISCHE DIAGNOSTIK GMBH & CO. KG
Postfach · 4002 Basel
Telefon 061/3196060 · Telefax 061/3196065
E-Mail: labor.basel@laboklin.ch

Business hours: Mon - Fri: 8:00 - 18:00 h, Sat: 9:00 - 13:00 h

Clinic address:
(Practice stamp or block letters)

Sample:
☐ Biopsy
☐ Tumour
☐ Organ
☐ Aspirate
☐ Cytol. slide
location: _____

Owner of the animal / bearer:

Name: _____

First name: _____

Street: _____

Zipcode/city: _____

Fax/e-mail: _____

Tel.: _____

Your personal data will be used to process your order according to our terms for the use of data.

You can find these terms as well as information on your rights at <https://laboklin.com/dataprotection>.

I agree to the billing of the laboratory services, including any re-orders by the practice.

Fax/e-mail: _____

Date and practice signature: _____

Animal data:

☐ Dog

☐ Cat

☐ Horse

☐ Other: _____

Name: _____

Sex: _____

☐ F

☐ M

☐ F.N.

☐ M.N.

Breed: _____

Patient-ID: _____

Date of sampling: _____

Follow-up to previous lab No.: _____

Date of birth: _____

Histology / Immunohistology

CHF

201

Histopathology (per clinical question)

(tumours (up to 2 sites), skin punches, uterus biopsies, organ biopsies up to three sites)

2209

Histopathology requiring increased effort

(e.g. toe, entire organs (e.g. spleen, testicle), 3-5 mammary complexes, biopsies from 4-6 organs, detailed assessment of surgical margins)

209

Immunohistology

following histopathology e.g.:

- CD3/CD20 (lymphoma)

- c-kit, Ki-67 (mast cell tumour)

261

Endometrial Biopsy + Reproductive Fitness + Myc. (mare)

Additional Tests

8418

Lymphocyte Clonality (PARR)

8675

BRAF Mutation Test (dog)

8199

c-Kit mutation (sequencing) (dog)

Cytology

CHF

204

Cytology

(e.g. one site: up to 4 smears, fluid including 2 smears)

2604

Cytology requiring increased effort

(e.g. one site: 5-6 smears, 2 sites up to 4 smears each, fluids including more than 2 smears or multiple fluids)

Digital cytology, see My Lab (<https://app.laboklin.com>), digital image examination

244

Bone Marrow Cytology incl. blood count

205

Thorax, Abdomen

(cytology, total protein, cell count, Rivalta's test (cats), cholesterol, triglycerides, LDH, glucose, albumin/globulin)

206

Cerebrospinal Fluid (CSF)

(cytology, total protein, cell count, glucose)

207

Synovia

(cytology, total protein, cell count)

293

BAL Profile (dog, cat)

(cytology, bacteriology, mycology, mycoplasma PCR)

293

BAL Profile (horse)

(cytology, bacteriology, mycology)

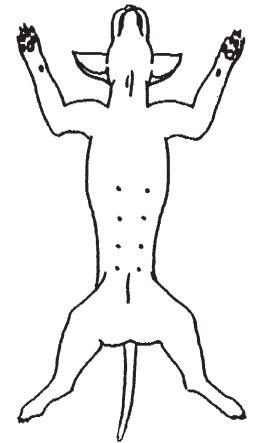
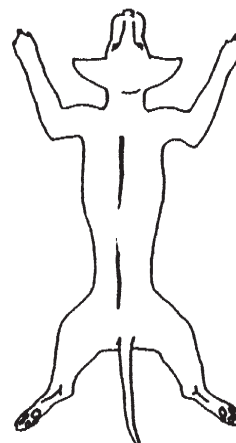
Medical history / requests

List of differential diagnoses

Characteristics of the suspected tumour

☐ invasive
☐ expansive
☐ solitary

☐ multiple
☐ recurrence
☐ metastasising



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Further details of the dermatological patient - see back page

General information on skin lesions

Current main skin problem: _____

Problem since: _____

Appearance of early lesions: _____

Systemic illness: ☐ yes ☐ no _____

Previous skin or ear problems: ☐ yes ☐ no _____

Other animals or people affected: ☐ yes ☐ no _____

Symmetry: ☐ yes ☐ no _____

Seasonality: ☐ yes ☐ no _____

Pruritus: ☐ yes ☐ no _____

Degree of pruritus: mild 1 2 3 4 5 6 7 8 9 10 severe

Lesions

- ☐ Alopecia
- ☐ Depigmentation
- ☐ Epidermal collarette
- ☐ Erosions
- ☐ Erythema
- ☐ Excoriation
- ☐ Hyperpigmentation
- ☐ Callus
- ☐ Nodule
- ☐ Comedo
- ☐ Claw lesions
- ☐ Crust
- ☐ Lichenification
- ☐ Macule
- ☐ Scar
- ☐ Papule
- ☐ Foot pad lesions
- ☐ Plaque
- ☐ Pustule
- ☐ Scale
- ☐ Ulcer
- ☐ Vesicle

Antibiotics:

Lesions resolved: ☐ yes ☐ no

Lesions recur when therapy discontinued: ☐ yes ☐ no

Further comments:

Feel free to call us

Previous diagnostics

Skin scrapings: ☐ yes ☐ no _____

Superficial cytology: ☐ yes ☐ no _____

Bacterial culture: ☐ yes ☐ no _____

Fungal culture: ☐ yes ☐ no _____

Elimination diet: ☐ yes ☐ no _____

Wood's light/hair: ☐ yes ☐ no _____

Allergy testing: ☐ yes ☐ no _____

CBC, chemistry: ☐ yes ☐ no _____

Hormone assays: ☐ yes ☐ no _____

Immunology (ANA): ☐ yes ☐ no _____

Biopsy: ☐ yes ☐ no _____

Others: _____

Previous Treatment

Antibiotics: ☐ yes ☐ no _____

Type _____ Duration _____ Response _____%

Antihistamines: ☐ yes ☐ no _____

Type _____ Duration _____ Response _____%

Anti-yeast/fungals: ☐ yes ☐ no _____

Type _____ Duration _____ Response _____%

Glucocorticoids: ☐ yes ☐ no _____

Type _____ Duration _____ Response _____%

Shampoo therapies: ☐ yes ☐ no _____

Type _____ Duration _____ Response _____%

Flea controls: ☐ yes ☐ no _____

Type _____ Duration _____ Response _____%


Anti-scabies: ☐ yes ☐ no _____

Type _____ Duration _____ Response _____%

Futher: ☐ yes ☐ no _____

Type _____ Duration _____ Response _____%

Supply Order:

 Serum tubes	 Swabs with transp.medium	 Histology containers
 Citrate tubes	 Swabs without transp.med.	 Faecal containers
 EDTA tubes	 Container for swabs	 Urine containers
 Heparin tubes	 Cover for slides	
 NaFI tubes	 Container for tubes	
 Envelopes	 Barcodes	

Submission forms:

 Allergy (GER/FRE/ITA)	 Farm Animal (GER)
 General (GER/FRE/ITA)	 Pathology (GER/ENG)
 Microbiology (GER/FRE/ITA)	 Equine (GER/ENG)
 Reptiles (GER)	 Genetics (GER/FRE/ITA)
 Small Mammals and Birds (GER)	

General Business Conditions: (Prices and conditions valid from July 1, 2023 to June 30, 2024)

All prices in CHF ex. VAT / All statements according to our business conditions. See www.laboklin.com / All terms and prices are subject to change.

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