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CYTO / HIS	TOPATHOLOGY AND M	<b>ICROE</b>	BIOLOGY	
Name of Submitting Vet	OWNER SURNAME:		Type of sample	
	ANIMAL NAME:	ESWAB	FAECES HIST	
	ANIMAL ID:	TISSUE	WASH SLIDES	
Please add your practice NAME, ADDRESS AND PRACTICE CODE here	SPECIES: AGE:	DSWAB	FLUID	
ADDRESS AND I NACTICE CODE Here	BREED:	URINE	OTHER	
	SEX: MALE FEMALE NEUTERED? YES NO	Histo	ology Laboratory Use Only	
	DATE SAMPLE TAKEN:	No. of samples		
	PREVIOUS SAMPLE:	received		
	NO. OF POTS SENT:	No. of samples taken		
	NO. OF PIECES OF	Archive		
	TISSUE SUBMITTED:			
		LTF		
COMPULSORY FIELD MUST BE COMPLETE FOR THIS SUBMISSION TO BE PROCESSED.		Initials		
	red a country outside of the <b>UK</b> and <b>ROI</b> or been in close in imported animal? YES NO	Pricing Code		
If yes please specify which country: _	cytological/histological interpretation it is vital	Date received		
	relevant patient history is provided.	Slide issue	No. of blocks	
Please t	ick if FAST TRACK is required - Additional charge(s)  CFAST) Histopathology (FASTH) Cyto	will be incur		
Sample Type Excision Wedge Punch Grab/endoscopic biopsies Tru-cut FNA For complete excisional samples only, ho	lesion(s), appearance, parasites?, treatment and response, differ	entiai alagnosis	Right Left Right	
HISTOLOGY AND CYTOLOGY	BACTERIAL CULTURE	PCR TEST	Right	
	MICR3 Microbiological culture	□ PDOG	Travelling Dog Package Extended	
HIST01 Histology Up to 3 biopsies/sites Histology: large/whole submissia (please refer to guidelines regards sample types in the price guide) HISMC Histology: submitted PM tissues Histology + culture FNA Cytology Up to 6 slides from up to 3 sites  CYT04-6 FNA Cytology Up to 12 slides from up to 6 sites	ons	PCFOP PCFOP PCFOT PCFRT2 PCFGI PCLUNG PCLUNG PCRING PCGGE PCCRT	Feline Oral Panel Feline Ocular Panel Feline Respiratory Panel Feline Gastrointestinal Panel Leptospira (Urine & Blood) Lungworm PCR Dermatophyte (Ringworm) PCR + Cultur Canine Diarrhoea Panel Extended Canine Respiratory Panel	
CYSTF Cystic fluid/bile cytology CYSTFMC Cystic fluid cytology + culture FANA Body cavity fluid cytology	URINE	Please refe	er to the <b>Price Guide</b> for a full list of available <b>PCR tests.</b>	
FANAMC Body cavity fluid cytology + culti				
WASME Bronchial/Tracheal wash cytolog WASMEMC Bronchial/Tracheal wash cytolog	Jy Full Little A very finite and Catalana	OTHER TE	STS / SAMPLING SITE	
+ culture	URUTI UTI Screen (microscopy & culture) UCUL Urine Culture			
SYNF Synovial fluid cytology SYNFMC Synovial fluid cytology + culture				
CSF CSF cytology	If submitting urine please specify method of collection:  Cysto Catheter Free catch			
CSFMC CSF cytology + culture BONME Bone marrow cytology	cysto Council Hee Cutti			
COMPBON Comprehensive bone marrow po	ackage FAECES			
If submitting more than one sample for culture, specify which sample(s) you wish to be proces If not specified, all appropriate samples will cultured, and charged accordingly.	ssed. Faecal culture		ER TESTS: Please specify in the ests' box using the codes in the Price Guide.	

Residual samples, surplus to requirement, may be used for research, development, anonymised publication and training. Please tick if these samples **cannot** be used for these purposes. See <a href="https://www.finnpathologists.com">www.finnpathologists.com</a> for further details.