

# OPHTHALMIC PATHOLOGY SUBMISSION FORM

Practice Details \_\_\_\_\_ Practice No.   
 \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_ Date \_\_\_\_\_  
 Vet Name \_\_\_\_\_ Signature \_\_\_\_\_

Owner Name \_\_\_\_\_ Animal Name \_\_\_\_\_  
 Ref. / ID No. \_\_\_\_\_  
 Species \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_



**CytoPath**

**Veterinary  
Pathology**

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## HISTOPATHOLOGY

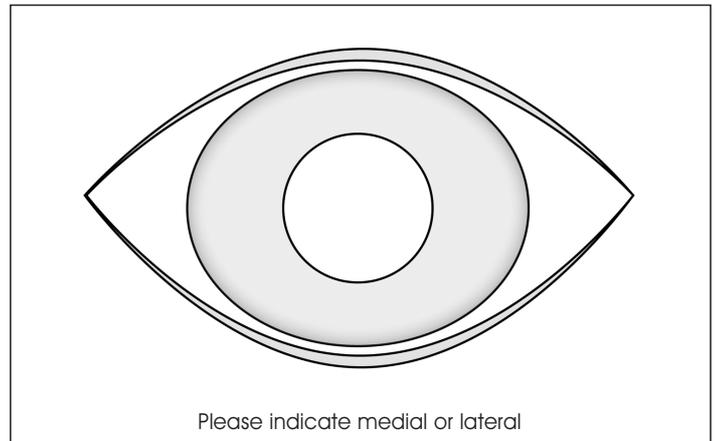
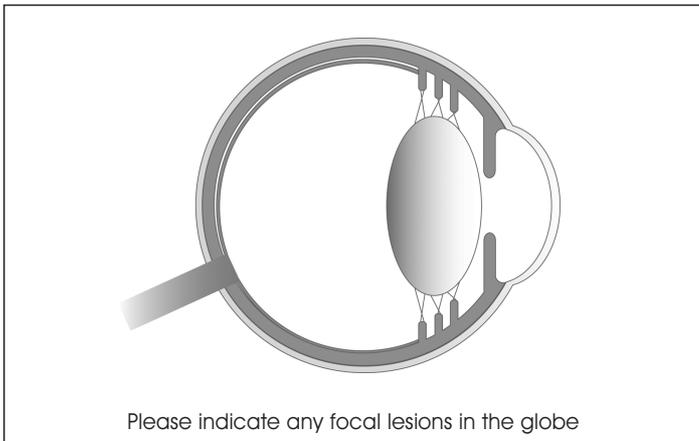
- Globe  Left  Right
- Evisceration sample  Left  Right
- Biopsy \_\_\_\_\_
- Goblet Cell Index (GCI)

## CYTOLOGY

- FNAB \_\_\_\_\_
- Corneal surface
- Conjunctival surface
- Aqueocentesis
- Other \_\_\_\_\_

## MICROBIOLOGY

- Aerobic culture: id / sens
- Aerobic culture: id / sens and anaerobic culture
- Fungal culture
- Dermatophyte (ringworm) culture



Glaucoma?  No  Yes      Intraocular pressure (IOP) \_\_\_\_\_      Duration \_\_\_\_\_

Gonioscopic findings \_\_\_\_\_      Iris colour: \_\_\_\_\_

## CLINICAL HISTORY / DIFFERENTIAL DIAGNOSES / TISSUE DESCRIPTION

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Q. Any previous recent treatment?  No  Yes - Give Details \_\_\_\_\_

Q. Any other tests performed?  No  Yes - Give Details / Results \_\_\_\_\_

Q. Copy slide required (additional fee applies)?  Yes

- SUPPLIES  Slide holders  Submission forms  Ophthalmic submission forms  Prepaid envelopes  Histopathology pots

Please note: submission forms can also be downloaded from our website [www.cytopath.co.uk](http://www.cytopath.co.uk)