OPHTHALMIC PATHOLOGY SUBMISSION FORM

Practice Details _____ Practice No. | | | | | |

_____ Phone _____

_____ Date _____

Email (for report) _____

Email (for invoice) _____

Vet Name _____ Signature _____

CytoPath
Veterinary Pathology Laboratory
PO Box 24 Ledbury
Herefordshire HR8 2YD
Tel: 01531 63 00 63
Fax: 01531 63 46 83
email: admin@cytopath.co.uk

Owner Name _____ Animal Name _____

Ref. / ID No. _____

Species _____ Breed _____ Age _____ Sex _____

HISTOPATHOLOGY

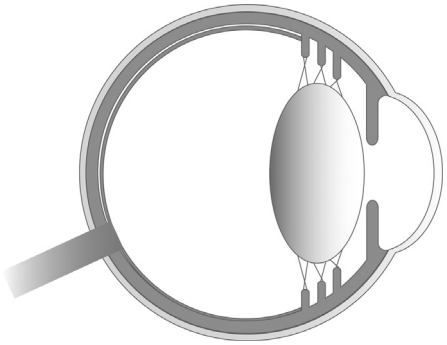
- ☐ Globe ☐ Left ☐ Right
- ☐ Evisceration sample ☐ Left ☐ Right
- ☐ Biopsy _____
- ☐ Goblet Cell Index (GCI)

CYTOLOGY

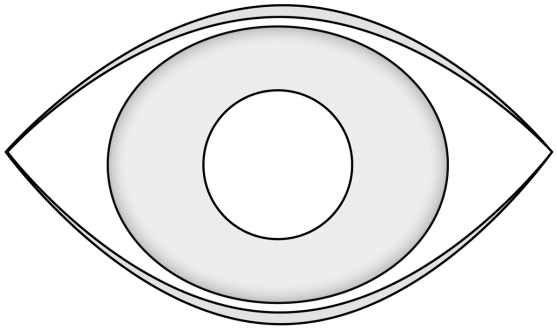
- ☐ FNAB _____
- ☐ Corneal surface
- ☐ Conjunctival surface
- ☐ Aqueocentesis
- ☐ Other _____

MICROBIOLOGY

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



Please indicate any focal lesions in the globe



Please indicate medial or lateral

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 ☐ Cytobrushes ☐ Ophthalmic submission forms ☐ Prepaid envelopes ☐ Histopathology pots ☐ Biohazard bags

Please note: submission forms can also be downloaded from our website www.cytopath.co.uk