

Dermatopathology

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UNIVERSITÄT
BERN

Patho-No. _____

Date of receipt: _____

Request for Histopathologic Examination of Skin Biopsies / Skin Tumors

Veterinarian:

Name Surname _____

Street _____

ZIP / City _____

Phone _____

e-Mail _____

Owner:

Name Surname _____

Street _____

ZIP / City _____

Phone _____

e-Mail _____

SIGNALEMENT:

Dog Cat _____

Breed: _____

Name: _____

Sex: m w castrated

Age: _____ d / w / y

SKIN TUMORS

Localization of the tumors, please indicate below

First exzision

Recurrence

Complete exzision

Biopsy

since when do the tumors exist? _____

Borders: _____ Size: _____

Regional lymph node enlarged? yes no

SKIN BIOPSIES:

Kind of change:

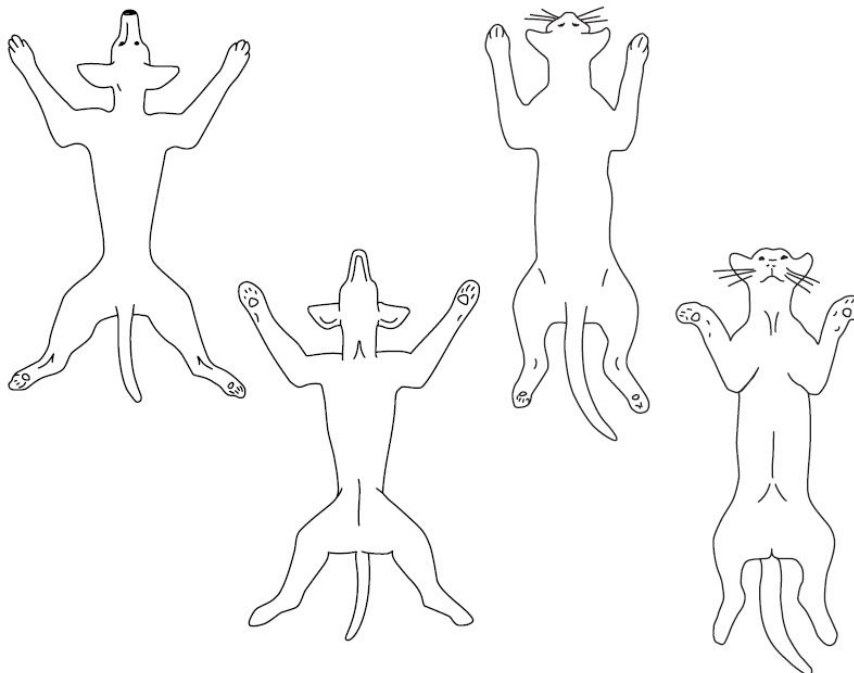
- Alopecia
- Depigmentation
- Erosions
- Erythema
- Excoriation
- Hyperkeratosis
- Hyperpigmentation
- Hypotrichia
- Follicular casts
- Nodules
- Epidermal collarettes
- Crusts
- Lichenification
- Macules
- Papules
- Plaque
- Pustules
- Scales
- Ulceration
- Vesicles

Distribution of the lesion, please indicate below with o

Location of the biopsies, please indicate below with x

since when do the lesions exist? _____

Pruritus: no moderate severe



Laboratory data, travel history, therapy and clinical history on back/next page

LABORATORY DATA:

Bacteriology: _____

Mycology: _____

Parasitology: _____

Cytology: _____

Blood work: _____

TRAVEL HISTORY

yes no

when yes, where? _____

when and duration? _____

TREATMENT:

yes no

when yes, since when? _____

how long? _____

Drugs: _____ local systemic

Response to therapy: yes temporarily no

Do you agree that we will perform additional tests (immunohistochemistry, PCR) for an extra fee if necessary? yes no

CLINICAL HISTORY AND ADDITIONAL INFORMATION: