DERMATOPATHOLOGY SERVICE

Please complete the attached “Dermatopathology submission” for all dermatopathology cases.

Dermatopathology service will help you sort out those difficult and often frustrating skin cases that often determine if a lesion is immune-mediated or allergic, fungal or parasitic, endocrine or neoplastic.

Many dermatology patients have a primary, underlying disease that causes secondary infections. The goal of a dermpath service is to help identify the primary disease, which in turn will prevent secondary infections. We generally suggest that a patient with obvious secondary bacterial lesions such as folliculitis and superficial pyoderma be treated with appropriate antimicrobial therapy (Staphylcocidal antimicrobial such as cefpodoxime, cephalaxin, amoxicillin/clavulanate) prior to performing skin biopsies.

Sample collection:
Biopsies can be either punch biopsies (4-8mm) or incisional elliptical biopsies of the affected areas. Try and sample from several different representative areas. If possible, try to sample lesions representing the evolution of the disease process.

There is no need to take samples of marginal lesions and do not scrub or prep the skin before the biopsy. Crusts are a dermatopathologist's friend. A local anesthetic may be used but take care not to inject too superficially.

We discourage the use of cautery in the collection of samples as this will cause significant artifact that will impact the interpretation of the biopsies.

Things we need to know...
Is the dog smelly, is the cat licking and chewing, are symptoms seasonal? If this is an ongoing problem, how did the animal respond to therapy. Is more than 1 animal affected? How are the people in the household? Are they itchy too? We also want to know what you think might be going on because you have seen the patient in real life and you know the patient.

It is also important to tell us the breed, especially with dogs as so many skin diseases are breed-associated.

A thorough history and description of the lesions and even the distribution of lesions can help us make a diagnosis or narrow down our lists of differential diagnoses.

Communication can be a key with skin cases, do not hesitate to contact the pathologist if there are questions regarding the diagnosis.
DATE: ____________________ Specimen Relinquished by: ____________________

Financial Responsibility terms: Payment is due at time of submission for owners and new clients. Payment is due upon presentation of statement for established clients. Accounts past due over 30 days will be assessed a finance charge of 1.5%, or a minimum of $3.00, of the past due balance. Accounts greater than 90 days past due will be referred to a collection agency unless payment arrangements have been established with AZVDL business unit. You will be fully responsible for all collection costs. Agreement to submission of this sample constitutes a contract with AZVDL.

BILL TO: (check appropriate box)

☐ Veterinarian:  ☐ Owner:
Clinic: ____________________ Address: ____________________
City/State/Zip code: ____________________ Phone: ____________________
Fax: ____________________
E-Mail: ____________________

REPORT BY: Phone ☐ Fax ☐ Email ☐  Add a Contact? ☐ Email: ____________________

Animal Name/ID(s): ____________________
Species: ____________________ Breed: ____________________ Age: ______ Y M W D  Sex: Male  Female  I  S  N

DERMATOPATHOLOGY SUBMISSION

Circle lesion type

Primary  Secondary
Bulla  Abscess  Excoriation
Macule  Alopecia  Fissure
Nodule  Callus  Hyperkeratosis
Papule  Collarette  Hyperpigmentation
Patch  Comedone  Hypopigmentation
Plaque  Crust  Scale
Tumor  Cyst  Scar
Vesicle  Erythema  Ulcer
Wheal  Erosion

Duration of problem ____________________________________________________________
Animal is pruritic YES ____  NO____  Unknown _____

Clinical History:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

List any previous diagnostic tests and results _______________________________________

List any previous treatment / response and tentative diagnosis: _______________________

FOR AZVDL USE ONLY:
Opened by ________  Condition of Specimen: _______ Acceptable _______ Not Acceptable
# fft samples received ________  Carrier: Drop off  Courier  FedEx  UPS  USPS

REPORT SENT: Phone Fax Email:  Billed: Prepaid: