

# Requisition form for Ocular Histology

CLIENT'S CODE	NAME OF THE CLINIC	TOWN	POST CODE	<b>BARCODE</b>
PATIENT	OWNER'S NAME	BREED		
<input type="checkbox"/> dog <input type="checkbox"/> cat <input type="checkbox"/> rabbit <input type="checkbox"/> horse <input type="checkbox"/> other _____	DATE OF BIRTH	<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> spayed		
SAMPLE ORIGIN	OTHER INFORMATION			

Remember to fill all the data related to the patient (breed, date of birth, gender...) to facilitate an accurate diagnosis

EXAM	
<b>HISTOC</b>	Ocular pathology small animals (entire globe)
<b>HISTOCL</b>	Ocular pathology large animals (entire globe)

OTHER TESTS
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MATERIAL	
Sample sent <input type="checkbox"/> Globe <input type="checkbox"/> Eyelid <input type="checkbox"/> Nictitating membrane <input type="checkbox"/> Evisceration <input type="checkbox"/> Conjunctiva <input type="checkbox"/> Other: _____ .....	<b>OTHER EXAMS:</b>  <b>TREATMENT:</b>
Anatomical location of lesion:	<b>Indicate lesion locations</b> 
Number of lesions: ..... <input type="checkbox"/> Right eye <input type="checkbox"/> Left eye	
Glaucoma presence: <input type="checkbox"/> yes <input type="checkbox"/> no	
Is the other eye affected? <input type="checkbox"/> yes (indicate lesion) <input type="checkbox"/> no	
Iris color:	
CLINICAL HISTORY	
Clinical signs:	
Progression of lesion:	
Duration of lesion:	
Recurrence: <input type="checkbox"/> yes <input type="checkbox"/> no	
Clinical diagnosis/ suspicion:	

# LABORATORY USE ONLY

Number of containers:

Date:

Container ID:

Trimmer:

Number of fragments:

## WHOLE EYE TRIM SHEET

<b>TYPE OF SPECIMEN</b>	<input type="checkbox"/> WTG	<b>TRIMMER REMOVES EXTRA TISSUE</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> Not trimmed		<b>INCISED GLOBE</b>	
	<input type="checkbox"/> Globe + NM		<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> Globe + adnexa		<b>SIZE</b>	
			Whole piece:	
			Globe:	

<b>TYPE OF SECTION PERFORMED</b>				
<input type="checkbox"/> V	<input type="checkbox"/> H	<input type="checkbox"/> O	<input type="checkbox"/> Not orientable	
<b>LENS</b>	<input type="checkbox"/> LIP	Lux/sublux:	<input type="checkbox"/> Aphakia	<input type="checkbox"/> IOL
		<input type="checkbox"/> Ant <input type="checkbox"/> Post		
<b>CONSISTENCY OF VITREOUS</b>				
Normal:	<input type="checkbox"/>			
Solidified:	<input type="checkbox"/> Translucent	<input type="checkbox"/> Opaque	<input type="checkbox"/> Hemorrhage	<input type="checkbox"/> Purulent
Liquefied:	<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++	
<b>RD</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Retinal tear	<input type="checkbox"/> N/A
<b>ONH CUPPING</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	

### DISCRETE LESIONS (only if applicable)

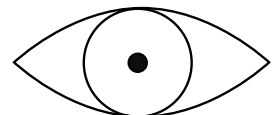
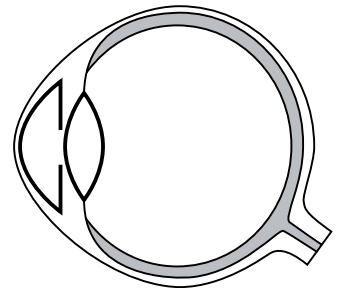
Adnexa (eyelids, NM, conjunctiva, orbit)

Cornea/Sclera

Anterior uvea and AC/PC

Lens

Posterior segment



<b>Sections:</b>	<b>Blocks:</b>	<input type="checkbox"/> IP <input type="checkbox"/> SIT
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AC: anterior chamber; H: horizontal section; IOL: intraocular (prosthetic) lens; LIP: lens in place; N/A: not assessable; NM: nictitating membrane; O: oblique section; ONH: optic nerve head; PC: posterior chamber; RD: retinal detachment; V: vertical section; WTG: well-trimmed globe