



SUBMISSION FORM CYTOLOGY/PATHOLOGY COMPANION ANIMALS

Number of samples:	Authorization	Receive sticker:	Submission number:	To be filled out by GD
biopsy <input type="checkbox"/>	Date			
dissection <input type="checkbox"/>	Initials			

Please fill out this form as completely as possible.

Veterinary surgeon/practice: Vet: _____ Address: _____ Postcode: _____ City: _____	Country: _____ Email: _____ Fax: _____ Phone: _____ Rel. nr.: <input type="text"/>
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Please note, the report and invoice will be sent to the veterinary practice.

Animal species	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bird <input type="checkbox"/> Other
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Owner / holder: Address: _____ Postcode + city: _____ Country: _____ Your reference: _____	Animal name: _____ Breed: _____ Sex: <table border="0"> <tr> <td>Male</td> <td><input type="checkbox"/></td> <td>Neutered:</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Female</td> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table> Date of birth: <input type="text"/> - <input type="text"/> - <input type="text"/> Chip number: <input type="text"/>	Male	<input type="checkbox"/>	Neutered:	<input type="checkbox"/>	Female	<input type="checkbox"/>	Yes	<input type="checkbox"/>			No	<input type="checkbox"/>
Male	<input type="checkbox"/>	Neutered:	<input type="checkbox"/>										
Female	<input type="checkbox"/>	Yes	<input type="checkbox"/>										
		No	<input type="checkbox"/>										

Date biopsy/ death: <input type="text"/> - <input type="text"/> - <input type="text"/>	Date sent: <input type="text"/> - <input type="text"/> - <input type="text"/>
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Reference on result and invoice:

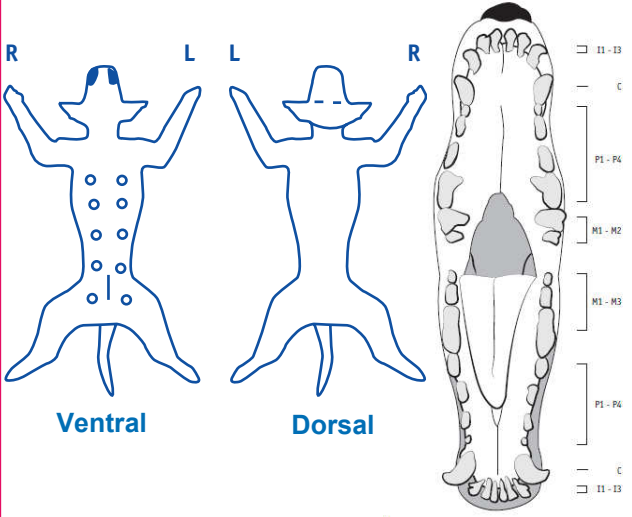
History/clinical signs/treatment

(For biopsies please clearly state the following information: location, size, completely or partially removed, attached to the surrounding tissue, etc.)

Please turn over for additional writing space

Producer: Name: _____ Signature: _____ Date: _____	Treatment declaration As producer of the microscopic preparations of animal tissues and/or animal tissue blocks and/or paraffin animal tissue sections I hereby declare that the material I submit with this form has been fixed in formalin, irradiated or treated otherwise ensuring a proven effect to inactivate any possible present pathogens. When producer's signature is missing on the submission form, GD is not allowed to receive the material and has to destroy the material upon arrival.
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Origin	Number of smears	Aspiration biopsy
-----	-----	Smeared and dried on air
-----	-----	Smeared body fluid
-----	-----	Direct smear
-----	-----	Smear after centrifugation
-----	-----	Additional cytological test
-----	-----	Immunocytological subtyping lymphoma

Localization of the process	Histological biopsy																		
	<p>Yes No</p>																		
	<table border="1"> <thead> <tr> <th>Autopsy</th> <th>Euthanasia</th> </tr> </thead> <tbody> <tr> <td>Not cosmetic</td> <td>Yes No</td> </tr> </tbody> </table>	Autopsy	Euthanasia	Not cosmetic	Yes No														
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	Not cosmetic	Yes No																	
	Removal after autopsy																		
Regular removal Cremation <small>To prevent the spread of pathogenic microorganisms it is not allowed to return the pet to its owner after performing autopsy.</small>																			
Additional tests																			
<table border="0"> <tr> <td>In case of mast cell tumour: AgNOR and KI 67</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>In case of mast cell tumour: AgNOR</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>In case of mast cell tumour: KI 67</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>In case of lymphoma: immunohistochem. subtyping lymphoma</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>If possible further investigation lymphoma (PARR) only dogs</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>If possible further investigation lymphoma (PARR) only cats</td> <td>Yes</td> <td>No</td> </tr> </table>		In case of mast cell tumour: AgNOR and KI 67	Yes	No	In case of mast cell tumour: AgNOR	Yes	No	In case of mast cell tumour: KI 67	Yes	No	In case of lymphoma: immunohistochem. subtyping lymphoma	Yes	No	If possible further investigation lymphoma (PARR) only dogs	Yes	No	If possible further investigation lymphoma (PARR) only cats	Yes	No
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History/clinical signs/treatment	(For biopsies please clearly state the following information: location, size, completely or partially removed, attached to the surrounding tissue, etc.)

Commercial document

For the transport of animal by-products and derived products not intended for human consumption in accordance with Regulation (EC) No 1069/2009 within the European Union

EUROPEAN UNION

Commercial document

Part I: Details of dispatched consignment	I.1. Consignor Name Address Postcode				I.2. Document reference No		I.2.a. Local reference No					
					I.3. Central competent authority							
					I.4. Local competent authority							
	I.5. Consignee Name Address Postcode Tel.				I.6.							
									I.7.			
	I.8. Country of origin		ISO code	I.9. Region of origin		Code	I.10. Country of destination					
	I.12. Place of origin				I.13. Place of destination							
	Establishment				Establishment		Other					
	Name		Approval number		Name		Approval number					
	Address				Address		Postcode					
Postcode				Postcode								
I.14. Place of loading				I.15. Date of departure								
I.16. Means of transport				I.17. Transporter								
				Aeroplane		Ship	Railway wagon					
				Road vehicle		Other						
Identification				Name		Approval number						
				Address		Member State						
				Postcode								
I.18. Description of commodity						I.19. Commodity code (CN code)						
						I.20. Quantity						
I.21. Temperature of products						I.22. Number of packages						
Ambient		Chilled		Frozen		Controlled temperature						
I.23. Seal/Container No						I.24. Type of packaging						
I.25. Commodities certified for:												
Animal feedingstuff			Technical use			For research / diagnosis only						
I.26.				I.27. Transit through Member States								
				Member State		ISO code						
				Member State		ISO code						
Member State		ISO code										
I.28. Export				I.29.								
Third country		ISO code										
Exit point		Code										
I.30.												
I.31. Identification of the commodities												
				Approval number of establishments								
Species (Scientific name)		Nature of commodity		Category		Treatment type	Manufacturing plant	Batch number				

COUNTRY

Animal by-products/derived products not intended for human consumption

Part II: Certification	II.	Health information	II.a. Certificate reference number	II.b.
	II.1.	Declaration by the consignor I, the undersigned, declare that:		
	II.1.1.	the information in Part I is factually correct;		
	II.1.2.	all precautions have been taken to avoid contamination of the animal by-products or derived products with pathogenic agents and cross-contamination between various Categories.		
	Notes			
	Part I:			
	-	Box reference I.9. and I.11.: if appropriate.		
	-	Box reference I.12., I.13. and I.17.: approval number of registration number. In the case of processed manure indicate in Box I.13 the approval or registration number of plant or holding of destination.		
	-	Box reference I.14.: complete if different from "I.1. Consignor".		
	-	Box reference I.25.: technical use: any use other than for animal consumption.		
	-	Box reference I.31.:		
	Animal species:	For Category 3 material and products derived therefrom destined for use as feed material. Select from the following: Aves, Ruminants, Non-Ruminants, <i>Mammalia</i> , <i>Pesca</i> , <i>Mollusca</i> , <i>Crustacea</i> , Invertebrates.		
	Nature of commodity:	Enter a commodity chosen from the following list: 'apiculture by-products', 'blood products', 'blood', 'bloodmeal', 'digestion residues', 'digestive tract content', 'dog-chews', 'fishmeal', 'flavouring innards', 'gelatine', 'greaves', 'hides and skins', 'hydrolysed proteins', 'organic fertilisers', 'pet food', 'processed animal protein', 'processed pet food', 'raw pet food', 'rendered fats', 'compost', 'processed manure', 'fish oil', 'milk products', 'centrifuge or separator sludge from milk processing', 'dicalciumphosphate', 'tricalciumphosphate', 'collagen', 'egg products', 'serum of equidae', 'game trophies', 'wool', 'hair', 'pig bristles', 'feathers', 'animal by-products for processing', 'derived products'.		
	Category:	Specify Categories 1, 2 or 3 materials. In case of Category 3 material, indicate the point of Article 10 of regulation (EC) No 1069/2009 that refers to the animal by-product concerned (e.g. Article 10(a), Article 10(b), etc.). In the case of Category 3 material for use in raw petfood indicate '3a', '3b(i)' or '3b(ii)' depending on whether the animal by-products are referred to in Article 10(a) or in Article 10(b)(i) or (ii) of Regulation (EC) No 1069/2009. In the case of hides and skins and products derived therefrom, indicate '3b(iii)' or '3(n)' depending on whether the animal by-products or derived products are referred to in Article 10 (b)(iii) or Article 10(n) of Regulation (EC) No 1069/2009. Where the consignment is made of more than one category, indicate the quantity and if applicable the number of containers per category of materials.		
	Treatment type:	For treated hides and skins indicate the treatment: '(a)' for dried; '(b)' for dry-salted or wet-salted for at least 14 days prior to dispatch; '(c)' for salted for seven days in sea salt with the addition of 2% sodium carbonate. For Categories 1 and 2 materials describe the method of processing or transformation. Indicate the relevant processing method (choose a method form 1 to 5 referred to in Chapter III of Annex IV to regulation (EU) No 142/2011). For Category 3 materials and derived products from Category 3 material destined for use in feed: if appropriate describe the nature and the methods of the treatment. Indicate the relevant processing method (choose a method from 1 to 7 referred to in Chapter III of Annex IV to Regulation (EU) No 142/2011).		
	Batch number:	Enter batch number or ear tag number, if applicable.		
	Part II:			
	<i>The signature must be in a different colour to that of the printing.</i>			
	Signature			
	Done at	(place)	on.....	(date)
			
	(signature of the responsible person/consignor)			
	(name, in capital letters)			