

Date received: _____ Lab ref: _____
Histology ref: _____

~~PR~~ Previous CD ref: _____

CLINICAL HISTORY (please include information on drug usage and duration. Continue overleaf if necessary)

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SUSPECTED DIAGNOSIS/DIFFERENTIAL DIAGNOSES

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SAMPLETYPE: Histopathology Fluid analysis 1- cell count, cytology, protein, SG
Fine needle aspirate Fluid analysis 2 - cell count, cytology, protein, SG, bacteriology

SKIN LESION(S)

Distribution: Please mark on the diagram below the distribution of lesions (circle or shade)

Specimen: Complete lesion/biopsy. Please mark on the diagram below the biopsy site with a X

Size:cm **Duration:** days/months/years

Ulcerated: Yes No **Seborrhoea:** Yes No **Pigmented:** Yes No

Infected: Yes No **Crusting/Scaling:** Yes No **Pruritic:** Yes No

Vesicles: Yes No **Alopecia:** Yes No **Painful:**