**Dansk Berner Sennen Klub**







[www.dbsk.dk](http://www.dbsk.dk)

**Prof. Dr. M. Reinacher Date:** .........................

**Institut für Veterinär-Pathologie Sender:** ................................................... **Der Justus-Liebig Universität** ................................................... **Frankfurter Str. 96** ................................................... **D- 35392 Giessen e-mail:** ................................................... **Tyskland**

**Request for pathological-histological survey**

**ID: Histiozytose Studie-DCBS**

Dog owner:

Name: ………………………………………… e-mail: ………………………………………………… Address: ……………………………………………….………………………………………………………...

Bernese Mountain Dog:

Dog´s name: ………………………………………… Registration No …………………………. Id-number (chip; tattooing): ……………………………. Sex: male / female Age: ………..

Location of tumour: ……………………………………………………………………………………………..

…………………………………………………………………………………………………………………….

Surgery date: ……………… Tumour growth: fast / slow

Previously surgically removed: No / Yes Date …………….

If previously examined: ID-No. of the sample:.............................. diagnosis made by:..........................................

**diagnosis**: ………………………………………………………………..................………………

Suspected metastases: No /Yes Location: ………………………………………………………………

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Assumed diagnosis / Remarks: …………………………………………………………………………………...

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**The undersigned owner of this dog agrees to include the findings of this survey into the data base,**

**administered by “Dansk Berner Sennen Klub” (DBSK), Denmark:**

**Signed:** …………………………………………………………………………………………………………..

**The expense for the pathological examination will be paid through the “Dansk Berner Sennen Klub” (DBSK), Denmark. Please, mail or e-mail result of examination to dog owner *and* vet. surgeon above. Copy of the result and invoice should be mailed or e-mailed to:**

**DBSK**

**Avls- og sundhedsudvalget**

**e-mail: asu@berner-sennen.dk**

