



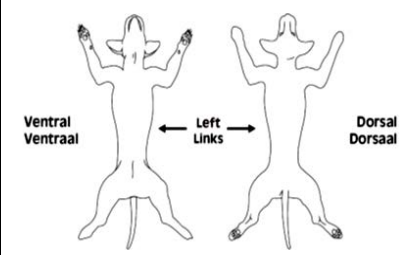
HISTOLOGY & CYTOLOGY SUBMISSION FORM

REFERRING VETERINARIAN INFORMATION	OWNER INFORMATION
Veterinarian: _____	Animal Name: _____
Hospital Name: _____	Owner First Name: _____ Last Name: _____
Address: _____	Species: Can Fel Eq Bov Camelid Cap Ovine Other: _____
City/State/Zip: _____	Breed: _____
Phone: _____ Fax: _____	Age/DOB: _____ Sex: F SF M CM (circle one)

History	
<input type="checkbox"/> Check box to make laboratory results unavailable to VMCVM Clinician(s) upon patient's referral and/or consult.	
Sample Collection Date/Time:	
Previous Histology and/or Cytology Submissions:	(Include date and case number, if possible)

CYTOLOGY			
SITE #1	SITE #2	SITE #3	OTHER
Source: <input type="checkbox"/> Smears <input type="checkbox"/> Lymph Node Smear <input type="checkbox"/> Fluid- Sample Requirements- w/ or w/o slides: Counts (P) No Counts (R or P), CSF (R) No. of Slides: _____ (n/a for tube only submissions)	Source: <input type="checkbox"/> Smears <input type="checkbox"/> Lymph Node Smear <input type="checkbox"/> Fluid- Sample Requirements- w/ or w/o slides: Counts (P) No Counts (R or P), CSF (R) No. of Slides: _____ (n/a for tube only submissions)	Source: <input type="checkbox"/> Smears <input type="checkbox"/> Lymph Node Smear <input type="checkbox"/> Fluid- Sample Requirements- w/ or w/o slides: Counts (P) No Counts (R or P), CSF (R) No. of Slides: _____ (n/a for tube only submissions)	<input type="checkbox"/> Buffy Coat (P) <input type="checkbox"/> Bone Marrow Aspirate Site: _____ No. of Slides: _____ Sample Requirements: P or P & Slides Must be accompanied by CBC Performed w/in the last 24 hours

LAB USE ONLY										
LAB LABEL	COLOR		LAB LABEL	COLOR		LAB LABEL	COLOR		LAB LABEL	Sample Requirement Codes P= purple top, EDTA tube R= red top, no additive
	CLARITY			CLARITY			CLARITY			
	WBC			WBC			WBC			
	RBC			RBC			RBC			
	PROTEIN			PROTEIN			PROTEIN			
	TECH/DATE			TECH/DATE			TECH/DATE			

HISTOLOGY						
CASE#:		LAB USE ONLY		FOR FIELD NECROPSY, LIST ALL TISSUES SUBMITTED		IF SKIN OR SUBCUTANEOUS LESIONS, FILL DIAGRAM TO INDICATE EXTENT, IF DESIRED. USE "X" TO MARK BIOPSY SITES. PROVIDE SITE NUMBER FOR MULTIPLE SITE SUBMISSIONS
SITE #	Description (location size color, consistency)	SITE #	Description (location size color, consistency)	SITE #	DESCRIPTION (LOCATION SIZE COLOR, CONSISTENCY)	
1	<input type="checkbox"/> Margin Evaluation	5	<input type="checkbox"/> Margin Evaluation	9	<input type="checkbox"/> MARGIN EVALUATION	
2	<input type="checkbox"/> Margin Evaluation	6	<input type="checkbox"/> Margin Evaluation	10	<input type="checkbox"/> MARGIN EVALUATION	
3	<input type="checkbox"/> Margin Evaluation	7	<input type="checkbox"/> Margin Evaluation	ADDITIONAL SITE/FIELD NECROPSY TISSUE LIST AREA		
4	<input type="checkbox"/> Margin Evaluation	8	<input type="checkbox"/> Margin Evaluation			