



CYTOLOGY SUBMISSION FORM

REFERRING VETERINARIAN INFORMATION				OWNER INFORMATION						
Veterinarian: _____				Animal Name: _____						
Hospital Name: _____				Owner First Name: _____ Last Name: _____						
Address: _____				Species: Canine Feline Equine Bovine Camelid						
City/State/Zip: _____				Caprine Ovine Other: _____						
Email: _____				Breed: _____						
Phone: _____ Fax: _____				Age/DOB: _____ Sex: F SF M CM						
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 Cytology Submissions: _____		(Include date and case number, if possible)				
CYTOLOGY										
SITE #1		SITE #2		SITE #3		OTHER				
Source: _____		Source: _____		Source: _____		<input type="checkbox"/> Buffy Coat (P) <input type="checkbox"/> Bone Marrow Aspirate Site: _____ No. of Slides: _____ <small>Sample Requirements: P or P & Slides Must be accompanied by CBC Performed w/in the last 24 hours</small>				
<input type="checkbox"/> Smears <input type="checkbox"/> Lymph Node Smear <input type="checkbox"/> Fluid w Counts- Sample Requirement: (P), CSF (R) <input type="checkbox"/> Fluid w/o Counts- Sample Requirements: (R or P) No. of Slides: _____ (n/a for tube only submissions)		<input type="checkbox"/> Smears <input type="checkbox"/> Lymph Node Smear <input type="checkbox"/> Fluid w Counts- (P), CSF (R) <input type="checkbox"/> Fluid w/o Counts- (R or P) No. of Slides: _____ (n/a for tube only submissions)		<input type="checkbox"/> Smears <input type="checkbox"/> Lymph Node Smear <input type="checkbox"/> Fluid w Counts- (P), CSF (R) <input type="checkbox"/> Fluid w/o Counts- (R or P) No. of Slides: _____ (n/a for tube only submissions)						
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			
SITE #4		SITE #5		SITE #6						
Source: _____		Source: _____		Source: _____						
<input type="checkbox"/> Smears <input type="checkbox"/> Lymph Node Smear <input type="checkbox"/> Fluid w Counts <input type="checkbox"/> Fluid w/o Counts No. of Slides: _____ (n/a for tube only submissions)		<input type="checkbox"/> Smears <input type="checkbox"/> Lymph Node Smear <input type="checkbox"/> Fluid w Counts <input type="checkbox"/> Fluid w/o Counts No. of Slides: _____ (n/a for tube only submissions)		<input type="checkbox"/> Smears <input type="checkbox"/> Lymph Node Smear <input type="checkbox"/> Fluid w Counts <input type="checkbox"/> Fluid w/o Counts No. of Slides: _____ (n/a for tube only submissions)						
LAB USE ONLY										
LAB LABEL	COLOR		LAB LABEL	COLOR		LAB LABEL	COLOR			
	CLARITY			CLARITY			CLARITY			
	WBC			WBC			WBC			
	RBC			RBC			RBC			
	PROTEIN			PROTEIN			PROTEIN			
	TECH/DATE			TECH/DATE			TECH/DATE			