

## VIRGINIA TECH ANIMAL LABORATORY SERVICES



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## CYTOLOGY SUBMISSION FORM

REFERRING VETERINARIAN INFORMATION							OWNER INFORMATION								
Veterinarian:							Animal N	ame:							
							Owner First					Name:			
Address:							Species:	Canine		Feline	Equine	Bovine	Ca	melid	
							Species.	Caprine	Ovi		Other:	Dovine	Oa	mena	
City/State/Zip: _							Prood	•							
				ax:								F SF		CNA	
Phone: Fa			·ax:			Age/DOB:					г эг	Μ	CM		
							History								
Check box to	make labo	ratory re	sults unav	ailable to	VMCVM	1 Clinician(s)	upon patien	t's referral and	l/or consu	ult.	(Include date a	and case number,	if poss	sible)	
	Sample C	ollectio	n Date/T	ime:			Pr	evious Cytolog	gy Submis	ssions:			ii pooc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
							CYTOLOG	δY							
SITE #1					SITE #2				SITE #3				OTHER		
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					ars 🗆	Lymph Noc			s 🗆 L	-	de Smear	Bone Mari			
Smears I Fluid w Count	s- Sample Rec	uirement: (F	P), CSF (R)	🗆 Fluid	ars 🗆 I w Coun	nts- (P), CSF (R)		□ Smears □ Fluid v	s 🛛 Lj v Counts-	• (P), CSF (R		Site:			
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