

Request for Veterinary Pathology Consultation

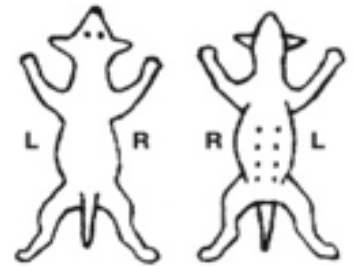
Cytopathology Surgical Pathology

Client Information		Patient Information	
Clinic Name		Patient Name (First and Last)	
Address		Species <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Avian <input type="checkbox"/> Equine <input type="checkbox"/> Other _____	
City			
State Zip code		Breed Age	
Veterinarian		Sex: <input type="checkbox"/> M <input type="checkbox"/> M/N <input type="checkbox"/> F <input type="checkbox"/> F/S	
Phone Fax		Collection Date	
Email			

Clinical Information

Clinical History & Physical Findings:

Location/Distribution:



Dorsal

Ventral



Left

Right

Cytopathology

Standard Cytology:

Anatomic location _____

Number of specimens: Slides _____ Vacutainer tubes _____

Sample Type: Aspirate Tissue imprint Discharge Scraping

Fluid Analysis: Peritoneal Pleural Synovial CSF Pericardial

Bone Marrow: (Please attach CBC data)

Canine Lymph node immunophenotyping (T cell vs. B cell differentiation): 4 highly cellular slides minimum, in addition to any slides submitted for routine cytologic interpretation.

Histopathology

GI endoscopy panel (up to 3 GI segments per accession: e.g. stomach, duodenum, colon)

Surgical pathology sample(s) (Surgical margins may not be evaluated if not specifically requested)

#	Specimen site/location	Clinical diagnosis or differentials	Incisional or excisional biopsy?	Evaluate margins? Y or N	Measure margins? Y or N