

CYTOLOGY REQUEST FORM Please fill in the form in English

Clinic: _____ Veterinary surgeon: _____

Clinic Email: _____

Animal name: _____ Journal number: _____

Owner name: _____

Species: Dog Sex: Male Neutered
 Cat Female

Age: _____ Breed: _____

*Number of slides: _____ *Number of lesions: _____

***Sample type:**

- | | |
|---|---|
| <input type="checkbox"/> Blood | <input type="checkbox"/> Impression smear |
| <input type="checkbox"/> FNA | <input type="checkbox"/> Skin Scrape |
| <input type="checkbox"/> Fluid – direct preparation | <input type="checkbox"/> Histology |
| <input type="checkbox"/> Fluid – concentrated preparation | <input type="checkbox"/> Other: _____ |

***Source**

General:

- Peripheral blood
- Lymph node
- Liver
- Spleen
- Bone
- Joint
- Lung
- Bladder
- Kidney
- Pancreas
- Mammary gland
- Bone marrow
- Other: _____

Mass:

- Cutaneous
- Cutaneous 2nd Site
- Cutaneous 3rd Site
- Abdominal
- Thoracic
- Other: _____

Fluid:

- Abdominal
- Pleural
- Pericardial
- Cerebrospinal
- Synovial
- Transtracheal wash
- Bronchoalveolar lavage
- Urine
- Prostatic wash
- Traumatic catheterization
- Other: _____

History and description(s) lesion(s):