

VIRGINIA TECH ANIMAL LABORATORY SERVICES



245 Duck Pond Drive Blacksburg, VA 24061 Phone: 540.231.4320 Fax: 540.231.2657

www.vetmed.vt.edu/labservices/

HISTOLOGY & CYTOLOGY SUBMISSION FORM

	REFER	RING VETE		OWNER INFORMATION															
Veterinarian:							Animal Name:												
Hospital Name:					0	Owner First Name						Last N	ame:				\exists		
Address:							Species:	Can		Eq	Bov	Camelid			e Othe	r:			
City/State/Zip:						Breed:	Gan	161	-4	200	Carrielle	. Οαρ	JVIII	o one	••		_		
Phone: Fax:						lge/DOB:					Sex	. F	SF	M	CM	(circle on	10)		
1 dA.						ъс, DOB.						• г	Jr.	IVI	CIVI	(Circle Of	ie)		
							Hist	ory											
☐ Che	ck box to	make labora	itory resu	ılts unav	vailable to VMCVM	l Clinician(s	s) upon pa	ıtient's ı	referral an	d/or co	nsult.								
	5	Sample Coll	lection l	Date/Ti	me:														
Previous	: Histolog	y and/or Cyto	te and case	number, if p	ossible)														
. Tovious	- maiolog	y and/or Cytt			110.														
CYTOLOGY																			
SITE #1				SITE #2				SITE #3							ОТН	R			
Source:				Source:				Source:						☐ Buffy Coat (P)					
☐ Smears ☐ Lymph Node Smear				☐ Smears ☐ Lymph Node Smear				☐ Smears ☐ Lymph Node Smear							Marrow	Aspirate			
☐ Fluid- Sample Requirements- w/ or w/o slides: Counts (P) No Counts (R or P), CSF (R) ☐ Fluid- Sample Requirements- w/ or w/o slides: Counts (P) Counts (P)						ments- w/ or w/o slides: Counts (R or P), CSF (R) Gunts (R or P), CSF (R) Gunts (P) No Counts (P)							No	o. of S	lides:				
No. of Slides: (n/a for tube only submissions)				No. of Slides:(n/a for tube only submit			ssions)	No. of Sli	des:	(n/a fo	r tube only	Sample Requirements: P or P & Slides e only submissions) Must be accompanied by CBC Performed							
W/in the last 24 hours LAB USE ONLY																			
		COLOR				Color					Color								
LABLABEL		CLARITY	C		LAB LABEL	CLARITY			LAB,	1 _{BEL}	CLARITY	Y			LAB,		Sample Requirement		
		WBC			ABET	WBC			A		WBC				4,	LABEL	P= purple	Codes P= purple top,	
		RBC				RBC					RBC						EDTA to	ube	
		PROTEIN				PROTEIN					PROTEI						R= red to additiv	p, no ve	
		TECH/DATE				TECH/DATE		100	,		TECH/D	JATE							
HISTOLOGY																			
CASE#:			FOR FIELD NECROPSY, LIST A				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#	Descript	ion (location size color, SITE		Description (location size color, consistency)		SITE#	# DESCRIPTION (LOCATION SIZE COLOR, CONSISTENCY)						4	_ N	-				
1	223.50010	5				9						Est.	3,2		1/2-	2/			
2	☐ Margin Evaluation		☐ Margin Evaluation		10		☐ MARGIN EVALUATION				Ventral Ventraal	\ \int_{\int}	Left .	→ \	Dors				
		☐ Margin	Evaluation		☐ Ma	rgin Evaluation	Addition	IAL SITE/I	☐ MARGIN EVALUATION TE/FIELD NECROPSY TISSUE LIST AREA				renu adi		LITIKS		DOLSS	ıdı	
3	7 □ Margin Evaluation		☐ Margin Evaluation		ADDITIONAL SITE/TILLD NECKOPST 1133UE LIST AREA														
4	8 □ Margin Evaluation		☐ Margin Evaluation								0		0		13				
l		-		L															