



Veterinary Hospital

College of Veterinary Medicine - Clinical Pathology Laboratory

CYTOLOGY REQUISITION

625 Harrison Street, G351 Lynn Hall West Lafayette, IN 47907-1249

Laboratory Director:

Andrea Santos, DVM, PhD, DACVP

For Test Information or Results:

Phone # (765) 494-7563 Fax # (765) 494-8640

VETERINARIAN:

Name, Email, Clinic Name, Address, City, State ZIP, Phone, Fax, Date Collected, Date Submitted

OWNER:

Name, Chart #, Animal, Species, Breed, Sex, DOB

STAT (additional stat fee will be charged. Verbal report by 5 pm date received)

SPECIMEN TYPE: (only one site per form - please label all slides with client name, date and location)

- Aspirate, Impression Smears, Bone Marrow, resubmission, Fluid, Synovial Fluid, Tracheal Wash, Buffy Coat, LE Prep, Other, Cerebrospinal Fluid, Cisternal, Lumbar

SPECIMEN SOURCE: METASTASIS: Yes No

History/Clinical Signs:

Appearance of Mass/Fluid:

Table with 5 columns: Color-Fluid, Turbidity-Fluid, Color-Supernatant, Turbidity-Supernatant, Specific Gravity, Protein (mg/dL), Protein (gm/dL), WBC (/uL), RBC (/uL), Mucin Clot