

**PURDUE UNIVERSITY
COLLEGE OF VETERINARY MEDICINE
CLINICAL PATHOLOGY LABORATORY
CYTOLOGY REQUISITION**

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

Laboratory Director:
John Christian, DVM, PhD

For Test Information or Results:
Phone# (765) 494-7563 Fax# (765) 494-8640

Cytology# _____ Case# _____ Harvest # _____

Veterinarian: _____
Clinic Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email Address: _____
Date Collected: _____

Owner:	_____
Chart #:	_____
Animal:	_____
Species:	_____
Breed:	_____
Sex:	_____
DOB:	_____

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

STAT (additional fee of \$25.00) Verbal report by 5pm date received.

- | | | | | |
|--|-------------------|---|---|--|
| <input type="checkbox"/> Aspirate | ____ Resubmission | <input type="checkbox"/> Fluid | <input type="checkbox"/> Buffy Coat | <input type="checkbox"/> Cerebrospinal Fluid |
| <input type="checkbox"/> Impression Smears | ____ Resubmission | <input type="checkbox"/> Synovial Fluid | <input type="checkbox"/> LE Preparation | <input type="checkbox"/> Cisternal |
| <input type="checkbox"/> Bone Marrow | ____ Resubmission | <input type="checkbox"/> Tracheal Wash | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Lumbar |

SPECIMEN SOURCE: _____ METASTASIS: _____

HISTORY/CLINICALSIGNS: _____

APPEARANCE OF MASS/FLUID: _____

Color-Fluid		Specific Gravity		WBC (/ul)	
Turbidity-Fluid		Protein mg/dl		RBC (/ul)	
Color-Supernatant		Protein gm/dl			
Turbidity Supernatant		Pandy		Mucin Clot	

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