

Sample Submission Form

Practice Details _____ Practice No.

_____ Phone _____

_____ Fax _____

Email _____ Date _____

Vet Name _____ Signature _____

Owner Name _____ Animal Name _____

Address / ID No. _____

Species _____ Breed _____ Age _____ Sex _____



CytoPath

**Veterinary
Pathology**

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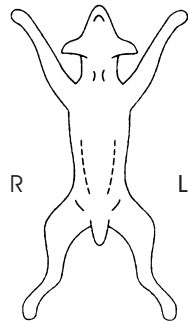
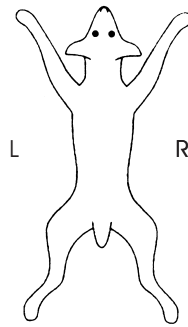
CYTOLOGY

- FNAB
- Thoracic fluid
- Abdominal fluid
- Pericardial fluid
- Joint fluid
- CSF
- Aqueocentesis
- BAL / Tracheal wash
- Nasal flush
- Prostatic wash
- Discharge
- Impression smear
- Surface scraping
- Bone marrow
- Other _____

HISTOPATHOLOGY

(Please fill in section A below)

- Histopathology



PROFILES

- Tick if you do **not** require pathologist comments

- P1
- P2
- P3
- LA
- LB
- PUPD
- GCA
- GCB
- CF

ENDOCRINE

- Low dose dexamethasone suppression test (dog) (0,4,8 hr)
- High dose dexamethasone suppression test (dog) (0,4,8 hr)
- ACTH stimulation test (dog) (0,1 hr)
- Total T4
- Fructosamine

BIOCHEMISTRY

- 'Single' chemistry (please list)
- Electrolytes (Na, K, Cl)
- Dynamic bile acids (0,2 hr)

MICROBIOLOGY

- Aerobic culture: id / sens
- Aerobic culture: id / sens and anaerobic culture
- Aerobic culture: id / sens smear (ear)
- Blood culture
- Dermatophyte (ringworm) culture
- Fungal culture

FAECES

- Baermann faecal float
- Faecal egg flotation (small animal)
- Faecal egg count (large animal)

HAEMATOLOGY

- Full blood count (includes blood smear)
- Blood smear only
- Platelet count (manual with full blood count)
- Platelet count (manual) only
- Reticulocyte count
- Buffy coat smear

COAGULATION

- PT + aPTT

IMMUNOLOGY

- Canine direct Coombs'
- Feline direct Coombs'

URINE

- UA (stix, USG, cyto)
- Urine protein / creatinine ratio (UPC)
- Urine cytology only
- Urine - aerobic culture: id / sens

A. LESION / TISSUE DESCRIPTION / NO. PIECES

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

B. CLINICAL HISTORY

Q. Any recent treatment? No Yes - Give Details _____

Q. Any other tests performed? No Yes - Give Details / Results _____

- SUPPLIES
- Slide holders
- Submission forms
- Ophthalmic submission forms
- Prepaid envelopes
- Histopathology pots