

# Sample Submission Form

Practice Details \_\_\_\_\_ Practice No.   
 \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_ Date \_\_\_\_\_  
 Vet Name \_\_\_\_\_ Signature \_\_\_\_\_

Owner Name \_\_\_\_\_ Animal Name \_\_\_\_\_  
 Ref. / ID No. \_\_\_\_\_  
 Species \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_



**CytoPath**

**Veterinary  
Pathology**

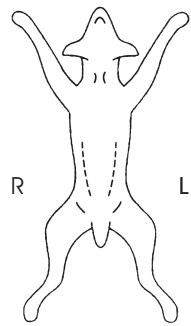
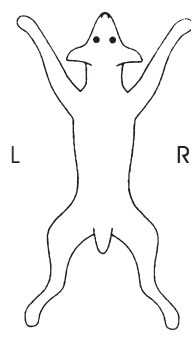
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**CYTOLOGY**

- 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. OF PIECES**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**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

Please note: submission forms can also be downloaded from our website [www.cytopath.co.uk](http://www.cytopath.co.uk)