

Sample Submission Form

Practice Details _____ Practice No.

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_____ Phone _____

_____ Date _____

Email (for report) _____

Email (for invoice) _____

Vet Name _____ Signature _____

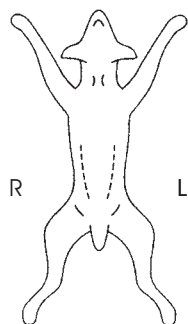
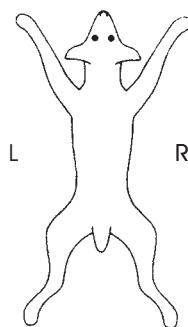
Animal Name _____ Owner Name _____

Ref. / ID No. _____ Travel / Import History NO ☐ YES ☐ (Countries) _____

Age _____ Sex _____ Species _____ Breed _____

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

- ☐ Histopathology

URINE

Method of sampling (e.g. cysto) _____

- ☐ UA (stix, USG, cyto)
- ☐ Urine cytology only
- ☐ Urine - aerobic culture: ID / sens

MICROBIOLOGY

- ☐ Aerobic culture: ID / sens
- ☐ Aerobic culture: ID / sens and anaerobic culture
- ☐ Aerobic culture: ID / sens & smear for yeast (EAR)
- ☐ Dermatophyte (ringworm) culture
- ☐ Fungal culture

HAEMATOLOGY

- ☐ Full blood count (FBC) (includes blood smear)
- ☐ FBC and buffy coat smear
- ☐ Blood smear only

COAGULATION

- ☐ PT + aPTT

BIOCHEMISTRY

- ☐ Bile acids (single)
- ☐ Dynamic bile acids (0,2 hrs)

FOR LAB USE ONLY

LESION/S (including size, appearance, exact location and depth e.g. dermal/ subcuticular, intra-thoracic/intra-abdominal)

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

CLINICAL HISTORY including recent treatment and any specific questions to be answered (please use reverse of form as required)

Q. High index of suspicion for a zoonotic disease? NO ☐ YES ☐ (ddx) _____

Q. Has a previous sample from this patient been submitted to CytoPath? NO ☐ YES ☐

- ☐ SUPPLIES ☐ Slide holders ☐ Submission forms ☐ Prepaid envelopes ☐ Histopathology pots ☐ Biohazard bags

Please note: submission forms can also be downloaded from our website www.cytopath.co.uk

Issue No. 19



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