		mission Practice N Phone Date	lo.	CutoPath
Email (for invoice) Vet Name		Signature		Veterinary Pathology Laboratory PO Box 24 Ledbury Herefordshire HR8 2YD
Ref. / ID No		Animal Name		Tel: 01531 63 00 63 Fax: 01531 63 46 83 email: admin@cytopath.co.uk
Species	Breed	Age	_ Sex	
 CYTOLOGY (Please fill in section A below) FNAB Thoracic fluid Abdominal fluid Pericardial fluid Joint fluid Joint fluid CSF Aqueocentesis BAL / Tracheal wash Nasal flush Prostatic wash Discharge Impression smear Surface scraping Bone marrow Other 	L R R R L L	 HISTOPATHOLOGY (Please fill in section A below) Histopathology URINE UA (stix, USG, cyto) Urine protein / creatinine ratio (UPC) Urine cytology only Urine - aerobic culture: id / sens 	 BIOCHEMISTRY Triglycerides Cholesterol Creatinine Bile acids (single) Dynamic bile acids (0,2) MICROBIOLOGY A erobic culture: id / sen and anaerobic culture Aerobic culture: id / sen and anaerobic culture Aerobic culture: id / sen and anaerobic culture Blood culture Dermatophyte (ringworm) of Fungal culture 	Buffy coat smear COAGULATION PT + aPTT Is

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 Submission Ophthalmic Prepaid Histopathology holders forms submission forms envelopes pots Please note: submission forms can also be downloaded from our website www.cytopath.co.uk	Biohazard bags Issue No. 19