

VETEKLABS[®]

VETERINARY DIAGNOSTICS

REQUISITION FORM Histo/Cyto

Owners Name: _____ **Patient Name:** _____

Species/Breed	Age	Gender M F M (N) F (S)	Order ID
Type of Specimen	Date of Collection		Time of collection

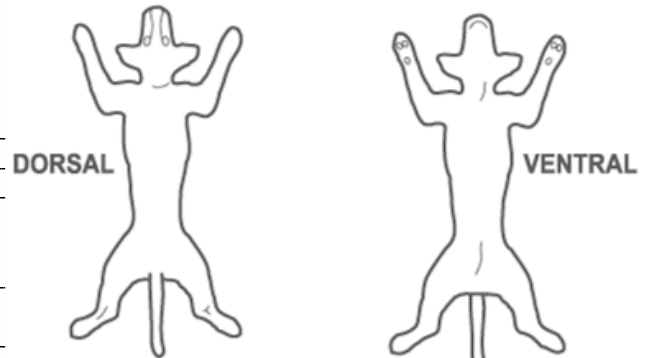
History

Specimen Submitted

- Feces Urine Whole Blood Serum
 Plasma Fixed Tissue _____ Fresh Tissue _____ Swab _____
 Other _____

Histopathology

Biopsy
 # Biopsies or masses _____
 Size _____ x _____ x _____ cm/in
 Incisional Excisional
 Punch Tru-Cut
Growth Pattern (Expansion, Invasion Pedunculation, etc): _____
Rate of Growth: _____
Duration: _____
Recurrence: YES NO
Margins submitted: YES NO
Immunohistochemistry (specify): _____
Location: _____



Cytology

Fluid Cytology		Non-Fluid Cytology (Smears)		Wash/Lavage/Flush	
ACS	Abdominal Fluid	CYTO1	One site	TRAW	Tracheal Wash
PF	Pleural Fluid	CYTO2	Two sites	BAL	Bronchioalveolar lavage
PERI	Pericardial Fluid	CYTO3	Three sites	NW	Nasal Wash
SYNO	Synovial Fluid	CYTO4	Four Sites	PRW	Prostatic Wash
CSF	Cerebro-Spinal Fluid	CYTOX	# of Sites above 4 ____		
UCYT	Urine Cytology	LNAS	Lymph node Aspirate		
OTHF	Other Fluid _____	BMEX	Bone Marrow		
		OTHR	Other site (Smear) _____		

Lab Use Only