

# VETEKLABS<sup>®</sup>

VETERINARY DIAGNOSTICS

## REQUISITION FORM C (Canine)

Account Number: \_\_\_\_\_ Hospital Clinic: \_\_\_\_\_

Breed	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> M (N) <input type="checkbox"/> F (S)	Patient ID
Type of Specimen	Date of Collection	Time of collection	

### History

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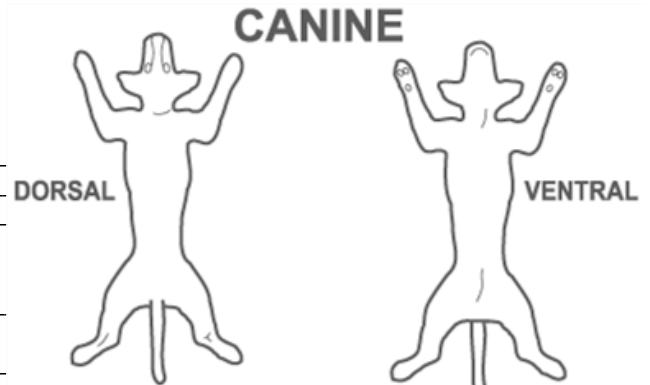
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### Specimen Submitted

- 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) _____		

### Parasitology

- Parasite Identification                       Giardia Fecal float test  
 Occult blood (feces)                       Baermann test for lung worm  
 Heartworm ELISA                       Fluke Egg Recovery  
 Giardia Fecal Antigen test                       Other, Specify: \_\_\_\_\_