

VETEKLABS[®]

VETERINARY DIAGNOSTICS

REQUISITION FORM D (Feline)

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

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: _____

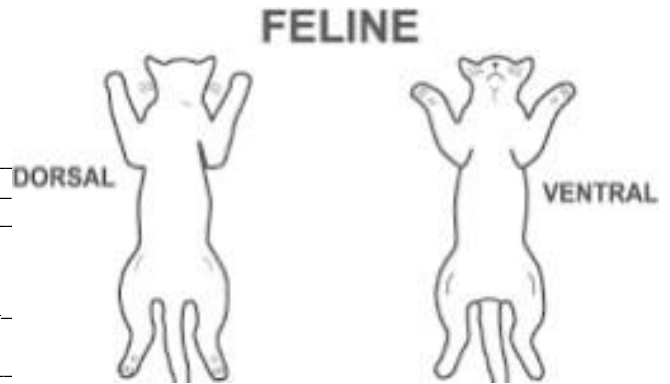
Duration: _____

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: _____