



Veterinary Hospital

College of Veterinary Medicine - Clinical Pathology Laboratory

CYTOLOGY REQUISITION

625 Harrison Street, G351 Lynn Hall West Lafayette, IN 47907-1249

Laboratory Director:

Andrea Santos, DVM, PhD, DACVP

For Test Information or Results:

Phone # (765) 494-7563 Fax # (765) 494-8640

VETERINARIAN:

Name _____

Email _____

Clinic Name _____

Email _____

Address _____

City, State ZIP _____

Phone _____

Fax _____

Date Collected _____

Date Submitted _____

OWNER:

Name _____

Chart # _____

Animal _____

Species _____

Breed _____

Sex _____

DOB _____

☐ **STAT** (additional stat fee will be charged. Verbal report by 5 pm date received)

SPECIMEN TYPE: **(only one site per form - please label all slides with client name, date and location)**

- | | | | | |
|--|---------------------------------------|---|-------------------------------------|--|
| <input type="checkbox"/> Aspirate | <input type="checkbox"/> resubmission | <input type="checkbox"/> Fluid | <input type="checkbox"/> Buffy Coat | <input type="checkbox"/> Cerebrospinal Fluid |
| <input type="checkbox"/> Impression Smears | <input type="checkbox"/> resubmission | <input type="checkbox"/> Synovial Fluid | <input type="checkbox"/> LE Prep | <input type="checkbox"/> Cisternal |
| <input type="checkbox"/> Bone Marrow | <input type="checkbox"/> resubmission | <input type="checkbox"/> Tracheal Wash | <input type="checkbox"/> Other: | <input type="checkbox"/> Lumbar |

SPECIMEN SOURCE: _____ METASTASIS: ☐ Yes ☐ No

History/Clinical Signs:

Appearance of Mass/Fluid:

Color-Fluid		Specific Gravity		WBC (/uL)	
Turbidity-Fluid		Protein (mg/dL)		RBC (/uL)	
Color-Supernatant		Protein (gm/dL)			
Turbidity-Supernatant				Mucin Clot	