

**Submission form page 1 of 2**

**When you fill out this form completely, we can provide better interpretations. Information about this patient contributes to our improved understanding of lymphoma and leukemia. A list of publications that have been generated from the data you provide can be found at our website, [chlab.colostate.edu](http://chlab.colostate.edu).**

Patient Information	Clinic Information (no abbreviations please)
Last name: _____ Patient name: _____ Clinic patient number: _____ Species: cat <input type="radio"/> dog <input type="radio"/> Breed _____ (Please be specific: e.g. English bulldog rather than bulldog) Age or date of birth: _____ Sex: FI <input type="radio"/> FS <input type="radio"/> MI <input type="radio"/> MC <input type="radio"/> Est. weight _____ Lbs <input type="radio"/> Kg <input type="radio"/> This is helpful because small and large dog breed groups develop different forms of lymphoid neoplasia.	Clinic name: _____ Clinic street address: _____ _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Clinic email(s): _____ _____ Veterinarian: _____ Vet email: _____

**History Checklist** (please help us by either including a copy of the record or filling in this section; mark "absent" if imaging, physical exam or blood work does not show the clinical sign, "unknown" if that aspect of the patient hasn't been examined).

<u>PE/Imaging abnormalities</u>	<u>Present</u>	<u>Absent</u>	<u>Unknown</u>	<u>Laboratory abnormalities</u>	<u>Present</u>	<u>Absent</u>	<u>Unknown</u>
Peripheral lymphadenopathy	P	A	U	Anemia	P	A	U
Thoracic/abdominal lymphad	P	A	U	Thrombocytopenia	P	A	U
Splenomegaly/abnormality	P	A	U	Neutropenia	P	A	U
Hepatomegaly/abnormality	P	A	U	Neutrophilia	P	A	U
Pulmonary mass/abnormality	P	A	U	Eosinophilia	P	A	U
Intestinal thickening/mass	P	A	U	Lymphocytosis	P	A	U
Mediastinal mass	P	A	U	Hypercalcemia	P	A	U
Pleural effusion	P	A	U	Hyperglobulinemia	P	A	U
Peritoneal effusion	P	A	U	Blasts in blood	P	A	U
Lymphoid neoplasia confirmed by cytology or histology?				Proteinuria	P	A	U
	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Patient on chemotherapy/steroids?	Yes	No	

**(Please include a copy of the path report)**

Treatment given: \_\_\_\_\_

**History – why is this sample being submitted? This information is very important in helping us to interpret the results.**

**For laboratory use:**

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Last name: \_\_\_\_\_ Patient name: \_\_\_\_\_



**Test Requested – NON-FORMALIN FIXED TISSUES** (fresh aspirates, fresh biopsies, cytology slides stained or unstained)

<u>Sample type</u>	<u>Specific site</u> <small>(node, cutaneous, etc)</small>	<u>Sample date</u>	<u>Test requested</u>
*Aspirate	_____	_____	Flow <input type="checkbox"/> PARR <input type="checkbox"/> Cytology <input type="checkbox"/> † Other <input type="checkbox"/> _____
Aspirate	_____	_____	Flow <input type="checkbox"/> PARR <input type="checkbox"/> Cytology <input type="checkbox"/> Other <input type="checkbox"/> _____
Biopsy (fresh)	_____	_____	Flow <input type="checkbox"/> PARR <input type="checkbox"/> Cytology <input type="checkbox"/> Other <input type="checkbox"/> _____
Bone marrow	_____	_____	Flow <input type="checkbox"/> PARR <input type="checkbox"/> Cytology <input type="checkbox"/> Other <input type="checkbox"/> _____
Cavity fluid	_____	_____	Flow <input type="checkbox"/> PARR <input type="checkbox"/> Cytology <input type="checkbox"/> Other <input type="checkbox"/> _____
CSF	_____	_____	PARR <input type="checkbox"/> Cytology <input type="checkbox"/> Other <input type="checkbox"/> _____
Other	_____	_____	Flow <input type="checkbox"/> PARR <input type="checkbox"/> Cytology <input type="checkbox"/> Other <input type="checkbox"/> _____

\*Samples from different organs cannot be combined for flow cytometry (samples from different lymph nodes may be combined). If you would like us to combine samples from different organs for PARR, please indicate by listing both organs on the same line.

†"Other" indicates additional, specialized testing requested after contacting the laboratory. If you are unsure about which test to request, see our website for guidelines or feel free to call the laboratory (970-491-1170).

**Test Requested – PERIPHERAL BLOOD** (please do not submit blood smears for PARR, only whole blood)

<u>Sample type</u>	<u>Sample date</u>	<u>Test requested</u>
Peripheral blood	_____	Flow <input type="checkbox"/> CBC <input type="checkbox"/> PARR <input type="checkbox"/> *Ki67 <input type="checkbox"/> Other <input type="checkbox"/> _____

CBC is included or will be faxed  If peripheral blood is submitted for flow cytometry, a CBC that has been performed within 2 days of the sample date is required. If this box is not checked, a CBC will be performed at CSU and charged accordingly (see website for pricing). A CBC is not required for the PARR assay. Do not submit peripheral blood for flow cytometry or PARR if there are no abnormalities on the CBC.

\*There are important restrictions on which samples are appropriate and days that samples can be tested for Ki67. Please see our website before submitting a sample for this test.

**Test Requested – FORMALIN FIXED TISSUE**

<u>Site biopsied</u>	<u>Sample date</u>	<u>Test requested</u>
_____	_____	Histopathology <input type="checkbox"/> Second opinion <input type="checkbox"/> PARR <input type="checkbox"/> *Immunohistochemistry <input type="checkbox"/>
_____	_____	Histopathology <input type="checkbox"/> Second opinion <input type="checkbox"/> PARR <input type="checkbox"/> *Immunohistochemistry <input type="checkbox"/>
_____	_____	Histopathology <input type="checkbox"/> Second opinion <input type="checkbox"/> PARR <input type="checkbox"/> *Immunohistochemistry <input type="checkbox"/>

\*Check this box if you would like the pathologist to automatically perform immunohistochemistry as needed for further phenotyping. Leave the box blank if you would prefer to discuss this step with the pathologist first.

Biopsies submitted through the Hematopathology service will be routed to a pathologist with expertise in hematopathology. This form should only be used for cases with previous testing through Clinical Hematopathology, or after consultation with the Clinical Hematopathology Laboratory.