

CSU Veterinary Clinical Pathology Cytopathology Submission Form

Account # _____ **STAT - \$ Fee Applies**

Bill to Vet Owner Report to Vet Owner Referring Vet

Veterinarian

Owner

DVM _____
Clinic _____
Address _____
City, State, Zip _____
Phone _____
Email _____

Owner _____
Business/Premise ID _____
Address _____
City, State, Zip _____
Phone _____
Email _____

Office Use Only

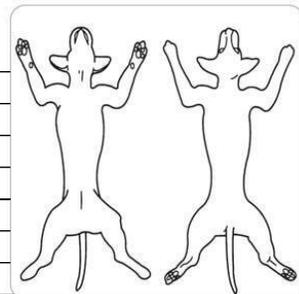
Opened by _____
DropOff Courier FedEx
UPS Other
Ice RT
Notes _____

Referring DVM/Clinic (if desired) _____ rDVM Email _____

Animal Information	Patient	Species	Breed	DOB	Sex	Date Collected

Submitted Specimens	Aspirate/impression	CSF	Whole Blood	Other
	Bone Marrow Asp/Core	Fluid	Urine	_____

Case History Please provide a diagnostically relevant history. Attach additional pages as necessary.



Refer to www.dlab.colostate.edu for additional tests and sample handling information

Cytopathology Number of Sites _____

BAL (Cyto only)	Mass, Intra-abdominal	Synovial (Cyto only)
Blood Film Review	Mass, Intra-thoracic	_____
Bile (Cyto only)	Mass, Skin/SQ _____	_____
Bone	_____	_____
Bone Marrow w CBC	Mass, Other _____	Tracheal Wash
Asp Asp & Core	_____	Other _____
_____	Pancreas	_____
Cavity Fluid (Cyto only)	Spleen	_____

Special Stains Must add to Cyto

Acid fast AlkPhos Congo Red
Copper GMS Iron Other _____
Multiplex ICC - Vimentin & Cytokeratin on Fluid (ICCM)
Immunocytochemistry (ICC) _____

LAB USE ONLY

PARR
Flow
Stains

Fluid Analysis & Cytopathology

Includes cell count, differential & protein concentration if applicable

Abdominal	BAL
CSF, Cisternal	CSF, Lumbar
Coelomic	Pericardial
Synovial _____	_____
_____	_____
Thoracic	

Fluid Chemistry Check ALB & TB for Glob & A:G

Alb	Chol	
Creat	Glu	Na, K, Cl
Tbili	TP	Trig
Other _____		

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