

Label Area:

FOR LABORATORY USE

Cyto Slides # _____ Cyto LTT Cyto CTT

Cyto RTT Urine _____ Fresh Tissue

Body Histo RT # _____ Histo Jar # _____

Other _____ Swab Thio

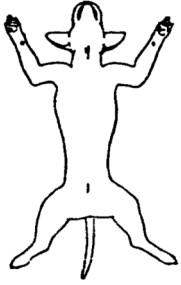

Please Label Samples with Owner/ Animal Name/ Please Print and Include (*) Required Fields

* OWNER/ANIMAL PLEASE PRINT		Hospital Patient ID
OWNER / LAST	OWNER / FIRST	ANIMAL NAME

*Age	* Species	Breed	* Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> CM <input type="checkbox"/> SF	Collection Date/Time
------	-----------	-------	--	----------------------

Veterinarian	Additional Copy/ Email/ Fax to:	Previous Case ID
--------------	---------------------------------	------------------

Histopathology / Cytopathology / Related Microbiology Test Request

MARK SITE OF LESIONS	VENTRAL	DORSAL	Source/Site:	History:
			CUTANEOUS OR SUBQ:	PREVIOUS LAB ID:
			APPEARANCE:	TREATMENTS:
			SITE:	

HISTOPATHOLOGY

CYTOPATHOLOGY

The fee includes dissection, representative section submissions, decalcification, and margin examination for all biopsies.

Reporting Options:
Mini report provides gross description, microscopic diagnosis, and comments.
Full report provides gross description, microscopic findings, diagnosis and comments.

Single Tissue
 Explanation: 1-4 excisional samples from one routine surgical site or sample collected postmortem, measuring < 5 x 5 x 5 cm. (Larger than 15 cm in aggregate tissues will be charged as a "Complex Tissue" - see test codes 403 or 463)

400 Mini Report - Single Tissue

441 Number of Additional Orders Submitted _____

401 Full Report - Single Tissue

419 Number of Additional Orders Submitted _____

Complex Tissue

- Each 1-4 samples from the same site (same organ type/cell type) where length + width + height > 15 cm in aggregate
- Each entire organ (examples: heart, spleen, brain, liver, gallbladder, pancreas, 1 kidney, 1 lung, 1 eyeball, 1-2 ovaries or testicles, 1 mammary chain, 1 ear canal)
- Each tissue requiring decalcification (examples: 1 digit, tail, mandible, maxilla)

463 Complex Tissue/One Entire Organ - Mini Report

403 Complex Tissue/One Entire Organ - Full Report

Endoscopy/Fine Needle/Tru-Cut/Skin Punch Biopsies
 (Please Indicate)

Skin punches

Dermis, no greater than 4-6mm

Fine needle biopsy

Tru-Cut core of soft tissue (including liver)

Endoscopy samples

423 Mini Report of 1-4 Samples

441 Number of Additional Orders Submitted _____

425 Full Report of 1-4 Samples

419 Number of Additional Orders Submitted _____

407 Limb Dissection
 Includes dissection, representative section submissions, decalcification, margin examination.

406 Necropsy Services
 Please call the Lab to arrange for pick-up, variable pricing info and special instructions.

Special Stain(s) Request

DO NOT STAIN

History noted above or SOURCE:

Urine Collection: Free Cath Cysto

318 Cytology (one site)
 Lymph Node(s) - 4-8 slides, all charged as one site
 Wash/Lavage/Flush - 2-4 air dried, unstained smears or fluid
 Fine Needle - 3-5 air dried, unstained smears
 Tissue Impression - 3-5 air dried, unstained smears or tissue imprint
 Vaginal Estrus - 3-5 air dried, unstained smears

2318 Cytology, Additional Sites
 Extra charge for each additional site submitted, # sent _____

5318 Mini-Cytology No Microscopic Description (one site)

6318 Mini-Cytology Additional
 Extra charge for each additional site submitted, # sent _____

304 Bone Marrow 4-12 air dried unstained smears

364 Bone Marrow with CBC 4-12 air dried unstained smears, (1 LTT)

1318 Buffy Coat (1 LTT)

14 Body Cavity or Joint Fluid (one site/source only)
 Fluid in 1 LTT, 1 RTT (if culture required), air dried unstained smears

3014 Body Cavity or Joint Fluid, Additional Sites
 Extra charge for each additional site submitted, #sent _____

29 CSF Analysis 1 LTT (1 ml preferred), CSF in Plain RTT for culture or serology

1029 CSF Analysis, Multiple Sites (2)

32 Semen Evaluation 1-2 ml fresh semen

MICROBIOLOGY

Unless otherwise noted ("ID Only") Susceptibilities (2) are included in culture cost. Susceptibilities may be requested at time of submission, if needed.

History noted above or SOURCE:

Antibiotic Hx: _____ **If Urine: Free** **Cysto** **Cath**

505 Aerobic Culture and Susceptibility, Routine (C&S)

512 Aerobic Culture, ID Only

500 Aerobic Culture and Susceptibility/Anaerobic ID Only

502 Anaerobic Culture, ID Only

504 Fungal Culture, ID Only
 Transport swab in media, or hair or scrapings, or fresh tissue in a plain tube (CTT)

506 Urine C & S Free Cysto Cath 1 ml urine in sterile container

1505 Subculture (C&S) of Media Received (Plate/Broth)