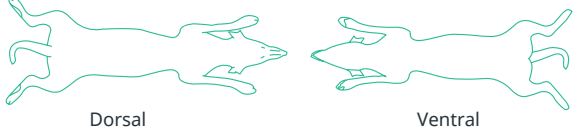


Histopathology and Cytology Submission Form	
Clinic Information	Patient Information
Name of submitting veterinarian: Clinic/Address Label:	Owner's Name: Patient's Name: Species: Breed: Age: Sex M/F: Neutered Y/N: Date Sample Collected: Time Sample Collected:
Additional Information/History	Description
Pertinent history and specimen information:	Site of organ, location of lesion, number of biopsies etc.
Differential diagnosis:	
Treatment and response:	
Histopathology	Indicate site of sample collection:
Standard Biopsy (includes half and quarter section margins)	
<input type="checkbox"/> Single specimen <input type="checkbox"/> Multiple specimen Indicate number of specimen and nature: _____	Dorsal Ventral
Complete Margin evaluation (cross and tangential sections)	Liver Pathology
<input type="checkbox"/> 2- 4 cm <input type="checkbox"/> > 4-6 cm <input type="checkbox"/> > 6-8 cm <input type="checkbox"/> > 8-10 cm <input type="checkbox"/> > 10-12 cm <input type="checkbox"/> > 12-14 cm <input type="checkbox"/> > 14 cm	<input type="checkbox"/> Includes 3 special stains and/or up to 2 IHCs and/or quantitative evaluation for copper, iron, lead, selenium and zinc, based on need as determined by the pathologist.
Metastatic check on lymph node (serial sections at 0.2 cm)	Renal Pathology
<input type="checkbox"/> General (HE only) <input type="checkbox"/> Mast cell tumour (HE and Giemsa stain) <input type="checkbox"/> Melanoma (HE and Melan A and PNL-2 IHC) <input type="checkbox"/> Mammary neoplasm/ carcinoma (HE and Pancytokeratin IHC)	<input type="checkbox"/> Renal biopsy (IVRS Standards) <input type="checkbox"/> Immunofluorescence <input type="checkbox"/> Transmission Electron Microscopy (TEM)
Endoscopic Biopsy	Ocular Pathology
<input type="checkbox"/> Endoscopic biopsy (up to 10 samples from same organ) <input type="checkbox"/> Endoscopic biopsy samples from a different site in the same animal (GIT is considered a single organ)	<input type="checkbox"/> Eyeball
Dermatopathology	Histopathology Consultation
<input type="checkbox"/> Skin punch biopsy samples (up to 6 punches from same animal) <input type="checkbox"/> Each additional 3 skin punch from the same animal	<input type="checkbox"/> Second opinion on slides submitted from other services
Bone Pathology	Cytology
<input type="checkbox"/> Toe (decal + Full margins included) <input type="checkbox"/> Hemandibulectomy/ maxillectomy (decal + full margins included) <input type="checkbox"/> Small bone biopsy (decal, no margins included) <input type="checkbox"/> Limb (decal + margins+ lymph node)	<input type="checkbox"/> Cytology of single site or lesion (up to 4 air dried or methanol-fixed smears) <input type="checkbox"/> Each additional slide from the same site <input type="checkbox"/> Cytology from a different site in the same animal
Additional diagnostic tests:	Cytology of Washes
	<input type="checkbox"/> Cytology of one wash sample (e.g. BAL, prostatic, tracheal, cyst content, nasal, urine) <input type="checkbox"/> Cytology of additional wash sample from the same animal
	Fluid Analysis
	<input type="checkbox"/> Cytology of one synovial, pleural, abdominal or pericardial fluid (including specific gravity, protein concentration, RBC & WBC counts) <input type="checkbox"/> Each additional fluid sample from the same animal
	CSF Analysis
	<input type="checkbox"/> Cytology of CSF including microprotein, RBC count and WBC count
	Cytology Consultation
	<input type="checkbox"/> Second opinion on slides submitted from other services