



KAP# \_\_\_\_\_

**CSU – K9 Anti-Platelet Flow Cytometry  
Sample Information**

\_\_\_\_\_  
Sample Date of Collection

\_\_\_\_\_  
Veterinarian

\_\_\_\_\_  
Animal Name

\_\_\_\_\_  
Animal ID#

1. Weight on admission: \_\_\_\_\_

2. Signalment: \_\_\_\_\_  
\_\_\_\_\_

3. Current Medications: \_\_\_\_\_  
\_\_\_\_\_

4. Vaccinations received within 4 weeks to sample collection: \_\_\_\_\_  
\_\_\_\_\_

5. Current or most recent platelet count: \_\_\_\_\_

a. Any Platelet clumps?    YES            NO

6. Suspected Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

7. Serial Sample? (ie is this being used to monitor K9 IMTP?)    YES            NO

a. Date of previous sample: \_\_\_\_\_

8. Additional details on the case: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_