

# CSU Veterinary Clinical Pathology Cytopathology Submission Form

Account # \_\_\_\_\_

**STAT - \$ Fee Applies**

Bill to Vet Owner

Report to Vet Owner

**Veterinarian**

**Owner**

DVM \_\_\_\_\_  
Clinic \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

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

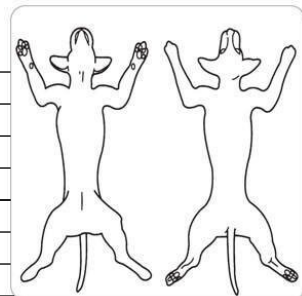
**Office Use Only**

Opened by \_\_\_\_\_  
DropOff Courier FedEx  
**UPS** Other  
Ice RT  
Notes \_\_\_\_\_

Animal Information	Patient	Species	Breed	DOB	Sex	Date Collected

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

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



Refer to [www.dlab.colostate.edu](http://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        |
| _____                       | _____   | Other _____          |
| Cavity Fluid (Cyto only)    | Pancreas  | _____                |
| _____                       | Spleen  | _____                |
| Cyst/mass fluid (Cyto only) | <b>Special Stains</b> Cytopathology must be ordered to add these tests. |                      |
| Intestine                   | Acid fast   | AlkPhos              |
| Colon SI                    | Copper  | GMS                  |
| Kidney                      | Multiplex ICC - Vimentin & Cytokeratin on Fluid (ICcm)                  | Congo Red            |
| Liver                       | Immunocytochemistry (ICC) _____   | Iron                 |
| Lymph Node(s)               | _____   | Other _____          |

**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  | Na, K, Cl |
| Creat       | Glu   | Trig      |
| Tbili       | TP    | _____     |
| Other _____ | _____ | _____     |

**LAB USE ONLY**

- PARR  
Flow  
Stains