



Place label here

REORDER FORM

3

LAB USE ONLY

DATE	CLIENT																
/ /	PET NAME																
DOCTOR																	
CHART #																	

PLEASE COMPLETE ALL SECTIONS THAT APPLY TO AVOID REPORTING DELAYS

<input type="checkbox"/> CANINE <input type="checkbox"/> FELINE Other _____	<input type="checkbox"/> EQUINE <input type="checkbox"/> AVIAN	BREED	SEX <input type="checkbox"/> M <input type="checkbox"/> CM <input type="checkbox"/> F <input type="checkbox"/> SF	AGE
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CYTOLOGY

REQUESTED PATHOLOGIST

CYTO STAT* Cytology
 Number of Sites Sampled: _____

To request a specific pathologist, please write the name below. Requests are subject to availability. If unavailable, your submission will be redirected to another Antech pathologist.

Source/Site: _____

FLUA STAT* Fluid Analysis w/Cyto Source: _____

CSF STAT* CSF with Cytology

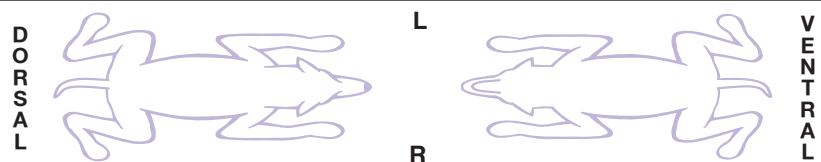
SYFLUA STAT* Synovial Fluid Analysis w/Cyto

BONE STAT* Bone Marrow Cytology (Concurrent CBC advised)

BONE w/CBC Bone Marrow Cytology w/CBC

BUFFY STAT* Buffy Coat Smear

LOCATION



HISTOPATHOLOGY

PATIENT HISTORY

FBX STAT* Biopsy, Written (Includes Microscopic Description, Microscopic Findings, Prognosis & Comment)

This section is **CRITICAL** for Biopsy/Cytology interpretation.

BMCB Bone Marrow Core Biopsy (Includes Microscopic Description, Microscopic Findings, Prognosis & Comment)

Please provide a concise clinical summary. Describe gross appearance, size and distribution of the lesion(s). Attach clinical diagnosis, photographs, radiographs, drawings, prior histopathologic or cytologic diagnosis where appropriate.

DERM Dermatopathology (Biopsy & Dermatologist Recommendations)

Type of Biopsy: Excisional Incisional
 Needle Endoscopic

All tissue(s) submitted? Yes No

Number of Containers Submitted: _____
 40 mL 60 mL 120 mL 480 mL Other

Number of Specimens Submitted: _____

Number of Sites Sampled: _____

Source/Site: _____

FOR LABORATORY USE
 (Please do not write in this space)

Previous Biopsy/Cytology Submitted? Yes No

Reference Number: _____

*** ADDITIONAL STAT CHARGES APPLY**
