



	LAB USE ONLY
	DATE CLIENT
	/ / PET NAME
	DOCTOR
	CHART #
PLEASE COMPLETE <b>ALL</b> SECTIONS THAT APPLY TO AVOID REPORTING DELAYS	CANINE         EQUINE         BREED         SEX         AGE           C         FELINE         AVIAN         Image: Marcolar
CYTOLOGY	REQUESTED PATHOLOGIST
CYTO STAT* Cytology	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.
Number of Sites Sampled:	
Source/Site:	
FLUA STAT* Fluid Analysis w/Cyto Source:	
CSF STAT* CSF with Cytology	
SYFLUA STAT* Synovial Fluid Analysis w/Cyto	LOCATION
BONE STAT* Bone Marrow Cytology (Concurrent CBC advised)	D G C C C C C C C C C C C C C C C C C C
BONE w/CBC Bone Marrow Cytology w/CBC	S R
BUFFY STAT* Buffy Coat Smear	
HISTOPATHOLOGY	PATIENT HISTORY
FBX       STAT*       Biopsy, Written (Includes Microscopic Description, Microscopic Findings, Prognosis & Comment)	This section is <b>CRITICAL</b> for Biopsy/Cytology interpretation. 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.
BMCB Bone Marrow Core Biopsy (Includes Microscopic Description, Microscopic Findings, Prognosis & Comment)	
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:	FOR LABORATORY USE (Please do not write in this space)
Source/Site:	
Previous Biopsy/Cytology Submitted?  Yes No Reference Number:	
* ADDITIONAL STAT CHARGES APPLY	
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LABEL ALL CONTAINERS/SLIDES SUBMITTED WITH CLINIC NAME, CLIENT AND PATIENT NAME, AND TISSUE SOURCE.