Print Form

CYTOLOGY SUBMISSION FORM

UW Veterinary Care
University of Wisconsin-Madison
VETERINARY MEDICAL TEACHING HOSPITAL

Clinical Pathology Laboratory
Veterinary Medical Teaching Hospital
University of Wisconsin-Madison
2015 Linden Drive
Madison, WI 53706

Phone: 608-263-9934
Fax: 608-265-5626
Hours: M-F 8:00 am-5:00 pm CST

CONTACT INFORMATION-Clinic/Veterinarian

Clinic Name: _____

UW Veterinary Care Account #: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

Veterinarian: _____

Phone: _____

Email: _____

PATIENT INFORMATION

Owner: _____
(last) (first)

Animal: _____
(Name/ID)

Species: _____

Breed: _____

Age: _____ Sex: ☐ F ☐ FS ☐ M ☐ MC

HISTORY

Brief History
(include clinical signs, duration, lesion size, and features (eg, nodule))

Pertinent Laboratory and/or Imaging Results:

Differential or Tentative Diagnoses:

SPECIMEN INFORMATION

Collection Date: _____ ☐ Routine ☐ ASAP ☐ STAT

☐ FNA/Imprint (Specify site and depth, eg, cutaneous, subcutaneous, body wall, intra-thoracic, etc)

FNA Site #1: _____

FNA Site #2: _____

FNA Site #3: _____

Additional Site : _____

☐ Synovial Fluid: _____ ◯ with counts ◯ without counts
(Indicate joint(s))

☐ Body Fluid: _____
(Indicate source, eg, abdominal fluid)

☐ CSF: ◯ Cisternal ◯ Lumbosacral

☐ BAL: ◯ with counts ◯ without counts

☐ Bone Marrow (provide concurrent CBC with submission)

☐ Tracheal wash

☐ Other: _____