

Brisbane Qld 4119

PH: 07 3088 4080 Fax: 07 3088 4099

Melbourne Vic 3058

PH: 03 7032 6135 Fax: 03 8595 1211

www.ivpath.com.au admin@ivpath.com.au

☐ URGENT☐ MARGINS

photo@ivpath.com.au

							1, , , ,			1		
Owner's Surnam		Animal′	's Name:									
Species - Dog / Cat / Horse / Other: Breed:					Age: Sex: MALE / FEMALE Desexed: YES / NO							
Clinic: Address: Vet Surname: First Name: Visit Number:					Pleas	se indica VENTRA		gram whe	•	men was DORSAL	taken	
Clinic:					RIGHT		LEFT	L	A STATE OF THE STA		RIGHT	
Test Requested												
	□ Cytology FNA	Fluid(VIC or	VIC only) - Please select test below: ysis □ CSF □ BAL / Tracheal Cisternal / Lumbar Wash				☐ Bone Marrow (Submit recent CBC data and blood smear/peripheral blood EDTA sample)					
Other / Additional Comments:												
Clinical History: Gross Specimen Description and Size:												
Differential Diag	gs: gnosis:						nte:	Dilling Co.				
LAB USE ONLY Cytology				LAB USE ONLY Test Type Collected Received								
(# of slides):	Stained. Unstain	ieu.	Тезстурс	Number	Date	Time	Initial	Number	Date	Time	Initial	
Fluid:												

Histology

Cytology Slides

Cytology

Tube:

Volume:

Colour:

Other:

Clarity:

Smears prepared: