

Customer #: \_\_\_\_\_ Phone: \_\_\_\_\_ ID Animal: \_\_\_\_\_

Clinic: \_\_\_\_\_ Owner: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Reference: \_\_\_\_\_

Address: \_\_\_\_\_ Species: ☐ Canine ☐ Feline ☐ Equine ☐ Ferret

Email: \_\_\_\_\_ ☐ Other (specify): \_\_\_\_\_

☐ Follow up case - order #: \_\_\_\_\_ Sex: ☐ M ☐ F ☐ Neutered

- Please ask for any special tests that are not listed on this requisition form.
- Our pathologists are available for consultation.

### CYTOLOGY

#### Fluid analysis

- ☐ CFLUA Abdominal fluid
- ☐ CFLUA Thoracic fluid
- ☐ CFLUA Pericardial fluid
- ☐ CFLUA Synovial fluid
- ☐ CFLUA CSF
- ☐ CFLUA Cell count only
- ☐ CFLUA Fluid proteins only

#### Lavages

- ☐ CFLUA Nasal lavage
- ☐ CFLUA Tracheal lavage
- ☐ CFLUA BAL
- ☐ CBONE Bone Marrow

#### Mass/Organe

- ☐ CCYTO Aspiration
- ☐ CCYTO Impression

Mass dimensions: \_\_\_\_\_

#### Description of lesion:

- ☐ Raised ☐ Flat ☐ Pedunculated ☐ Colored
- ☐ Firm ☐ Smooth ☐ Ulcerated ☐ Circumscribed
- ☐ Infiltrative ☐ Attached ☐ Mobile
- ☐ Alopecic ☐ Painful ☐ Pruritic

#### Duration and growth rate:

- ☐ Simple ☐ Multiple ☐ Solid ☐ Cystic

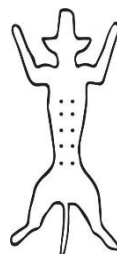
☐ Site \_\_\_\_\_

Please make sure that all slides, tubes and/or containers are well identified with the owner's name and the origin of sample.

#### Mass or lesion location



Dorsal



Ventral

Date and time put in formalin: \_\_\_\_\_

#### DETAILED DESCRIPTION OF MASS / LESION

### HISTOPATHOLOGY

- ☐ CFBX\* Histopathology - 1 to 4 tissues (Companion animals and equine)
- ☐ CFBX5\* Additional Tissue
- ☐ BVAD04\* Histopathology following a cytology (enter case number below)\*\*

#### \* Type of biopsy (REQUIRED)

- ☐ Excisional (margins present for evaluation)
- ☐ Incisional (no margin present for evaluation)
- ☐ Mammary chain (>3 glands)
- ☐ Whole Organ
- ☐ Endoscopic
- ☐ Needle
- ☐ Whole limb

Quantity of tissues submitted: \_\_\_\_\_

- ☐ CFBXNEO Cancer Pathology Service (Biopsy) (enter case number if applicable)\*\*
- ☐ CFBXTBR Review - Cancer Tumor Board (Biopsy) (enter case number below)\*\*

\*\* Case number: \_\_\_\_\_

Type of sample submitted: \_\_\_\_\_

### HISTORY

Treatment or vaccination:

Suspected condition:

Signature: