

DO NOT WRITE OR PASTE ANYTHING
HERE - RESERVED SPACE
BIOVET ORDER NUMBER

Customer #: _____ Phone: _____ ID Animal: _____

Clinic: _____ Owner: _____

Veterinarian: _____ Reference: _____

Address: _____ Species: Canine Feline Equine Ferret

Email: _____ Other (specify): _____

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

Age: _____

Breed: _____

Follow up case - order #: _____ Sex: M F Neutered

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)**
- CORLPATH * Oral Path Biopsy
- CFBXLSP * Liver Biopsy with Liver Staining Panel

** Case number: _____

Type of sample submitted: _____

HISTORY

Treatment or vaccination:

Suspected condition:

Signature: _____