

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

Customer #: _____ Phone: _____ Animal ID: _____
 Clinic: _____ Owner: _____
 Veterinarian: _____ Reference: _____
 Address: _____ Species: Canine Feline Other (specify): _____ Age: _____
 Email: _____ Sex: M F Neutered Breed: _____

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

Follow up case - order #: _____

HISTORY

Treatment or vaccination:

Suspected condition:

Signature: _____

CYTOLOGY

Mass/Organ

- CCYTO Aspiration
 CCYTO Impression

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 BLA

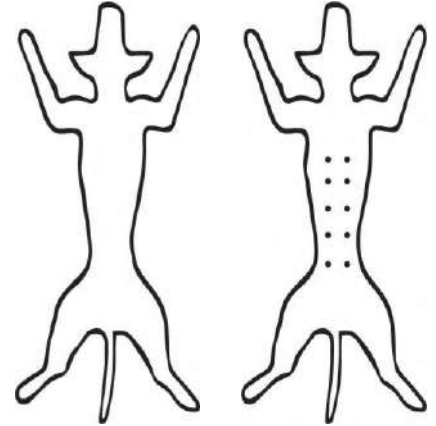
- CBONE Bone marrow

HISTOPATHOLOGY

- CFBX Histopathology - 1 to 4 tissues (Companion animals and equine)
 CFBX5 Additional Tissue
 BV7096 Histopathology - 1 tissue (bovine, small ruminants, swine, poultry)
 CFBX Histopathology following up a cytology (enter case number below)
 CFBXNEO Cancer Pathology Service (Biopsy) (enter case number if applicable)
 CFBXTBR Review - Cancer Tumor Board (Biopsy) (enter case number below)

Case number: _____

Mass or lesion location



Dorsal

Ventral

Date and time put in formalin: _____

Quantity of tissues submitted: _____

Type of sample submitted:

Mass dimensions: _____

Description of lesion:

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

Duration and rate of growth:

- Simple Multiple Solid Cystic

site _____

DETAILED DESCRIPTION OF MASS / LESION

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

Please write in block letters