

Customer #: _____ Phone: _____ Animal ID: _____
Clinic: _____ Owner: _____
Veterinarian: _____ Reference: _____
Address: _____ Species: ☐ Canine ☐ Feline ☐ Equine ☐ Ferret Age: _____
Email: _____ ☐ Other (specify): _____ Breed: _____
☐ Follow up case - order #: _____ Sexe: ☐ 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 Moelle Osseuse

Mass/Organ

- ☐ 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:

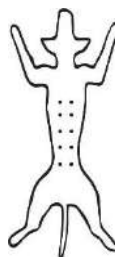
- ☐ Simple ☐ Multiple ☐ Solid ☐ Cystic

☐ site _____

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
☐ BV7096 Histopathology - 1 tissue (bovine,
small ruminants, swine, poultry)
☐ CFBX Histopathology following 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: _____

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: _____

Type of sample submitted:

HISTORY

Treatment or vaccination:

Suspected condition:

Signature: