

4375 Beaudry, Saint-Hyacinthe QC J2S 8W2

Customer #:

Phone:

CYTOLOGY & HISTOPATHOLOGY

1-888-824-6838 • sac@biovet-inc.com

Animal ID:

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

• Please ask for any special tests that are not listed on this requisition form.

•	Our pathologists are available fo
	consultation.

Clinic:	Owner:	Owner: Our pathologists are available for		
Veterinarian:	Reference:		consultation.	
Address:		Canine ☐ Feline ☐ Equine ☐ Ferret	- Age:	
Email:	Other (spec	ify):	Breed :	
Follow up case - order #:	Sexe:	M ☐ F ☐ Neutered		
CYTOLOGY		HIST	TOPATHOLOGY	
Fluid analysis	Mass or lesion location		CFBX Histopathology - 1 to 4 tissues	
CFLUA Abdominal fluid	$\alpha \cap A$	1	(Companion animals and equine) CFBX5 Additional Tissue	
CFLUA Thoracic fluid	1/2 2//	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	BV7096 Histopathology – 1 tissue (bovine	
CFLUA Pericardial fluid	٧ ٦	7 7	small ruminants, swine, poultry)	
☐ CFLUA Synovial fluid ☐ CFLUA CSF	\ /	(::)	CFBX Histopathology following a	
) (\::{/	cytology (enter case number below	
☐ CFLUA Cell count only ☐ CFLUA Fluid proteins only	/ \	\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	CFBXNEO Cancer Pathology Service	
CFLOA Fidia proteins only			(Biopsy) (enter case number if applicable)	
Lavages			CFBXTBR Review - Cancer Tumor Board	
☐ CFLUA Nasal lavage		_	(Biopsy) (enter case number below	
☐ CFLUA Tracheal lavage	Dorsal	Ventral	e number:	
☐ CFLUA BAL	Date and time	Cas	e number.	
	put in formalin:	Тур	e of biopsy (REQUIRED)	
☐ CBONE Moelle Osseuse	DETAILED DESCRIPTION	ON OF MACC /	Excisional (margins present for evaluation)	
Mass/Organ	DETAILED DESCRIPTION	DN OF WASS /	Incisional (no margin present for	
CCYTO Aspiration	LESION	<u>-</u>	evaluation)	
CCYTO Impression		비무	Mammary chain (>3 glands)	
CC110 Impression		비무	Whole Organ	
Mass dimensions:			Endoscopic Needle	
		비늄	Whole limb	
Description of lesion: ☐ Raised ☐ Flat ☐ Pedunculated ☐ Colored				
☐ Firm ☐ Smooth ☐ Ulcerated ☐ Circumscribed			antity of tissues	
☐ Infiltrative ☐ Attached ☐ Mobile		Sub	mitted:	
☐ Alopecic ☐ Painful ☐ Pruritic		Tyr	pe of sample submitted:	
Duration and growth rate:		' ' ' '	e of sumple submitted.	
☐ 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.				
HISTORY				
Treatment or vaccination:	S	suspected condition:		

Signature: