

Diagnostic Laboratory Service

vetmed.tennessee.edu/vmc/dls

Practice:		
Veterinarian:		
Address (Street address, City/State, Zip Code):		
Phone:		
Fax:		
Email:		
Specimen:	Collector's Initials	
Site:	Date Collected:	Time Collected:
Patient Name:		
Owner:		
Clinic Patient Chart No.:		
Species: Canine Feline Equine	Sex: Female	Neutered/Spayed
Other: _____	Male	Intact
Breed:	Age:	
Other tissues/specimens submitted to: (check all that apply)		
Bacteriology/Mycology	Biopsy - Anatomical Pathology	Clinical Pathology
Endocrinology	Virology/Immunology	Necropsy - Anatomical Pathology
Parasitology		

Cytology - Clinical Pathology **865-974-5605**

For lab use only	Date:	Accession #:
Number of slides:	Number of tubes:	
SPECIMEN REQUIREMENTS:		
CSF = Cerebrospinal Fluid	L = Lavender	R = Red Top SL = Slide

CYTOLOGY

Blood Smear Exam	SL+L	Centesis Fluid Exam with Rivalta test	L+R
Bone Marrow Cytology and Report	SL+L	CSF Analysis w/Cytology and Report	CSF
Buffy Coat Exam	L	Cytology Smear Evaluation & Report	SL
Centesis Fluid Exam and Report	L+R	Synovial Fluid Exam and Report	SL, L

THIS LAB ACCEPTS PRIMATE SAMPLES WITH PRIOR APPROVAL.

Case History: *(history, medication, clinical signs, pertinent lab findings, tentative diagnosis)*

Ship Samples to: UTCVM Clinical Pathology Laboratory
2407 River Drive, Room C128 | Knoxville, TN 37996-4542

☎ **865-974-5605** 📠 **865-974-5564** ✉ clinpath@utk.edu

🌐 vetmed.tennessee.edu/vmc/dls/clinpath

For the most up-to-date test listings, lab forms, pricing, submission guidelines, and shipping instructions visit vetmed.tennessee.edu/vmc/dls

PLEASE DO NOT WRITE BELOW THIS LINE

DATE COMPLETED: _____ **PERFORMED BY:** _____