UTCVM VETERINARY MEDICAL CENTER

Diagnostic Laboratory Service

vetmed.tennessee.edu/vmc/dls

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

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 ❑ Other:_____	Sex: ❑ Female ❑ Neutered/Spayed ❑ Male ❑ Intact
Breed:	Age:

Other tissues/specimens submitted to: (check all that apply)
❑ Bacteriology/Mycology ❑ Biopsy - Anatomical Pathology ❑ Clinical Pathology
❑ Cytology - Clinical Pathology ❑ Endocrinology ❑ Immunology
❑ Necropsy - Anatomical Pathology ❑ Parasitology ❑ Virology

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 FAX 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:** _____