

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 Other: _____	Sex: Female Male	Neutered/Spayed Intact
Breed:	Age:	
Other tissues/specimens submitted to: (check all that apply)		
<input type="checkbox"/> Bacteriology/Mycology <input type="checkbox"/> Biopsy - Anatomical Pathology <input type="checkbox"/> Clinical Pathology <input type="checkbox"/> Cytology - Clinical Pathology <input type="checkbox"/> Endocrinology <input type="checkbox"/> Immunology <input type="checkbox"/> Necropsy - Anatomical Pathology <input type="checkbox"/> Parasitology <input type="checkbox"/> Virology		

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

- | | | | |
|--|------|--|-------|
| <input type="checkbox"/> Bone Marrow Cytology and Report | SL+L | <input type="checkbox"/> Centesis Fluid Exam with Rivalta test | L+R |
| <input type="checkbox"/> Blood Smear Exam | SL+L | <input type="checkbox"/> CSF Analysis w/Cytology and Report | CSF |
| <input type="checkbox"/> Buffy Coat Exam | L | <input type="checkbox"/> Cytology Smear Evaluation & Report | SL |
| <input type="checkbox"/> Centesis Fluid Exam and Report | L+R | <input type="checkbox"/> 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: _____