

Clinical Pathology Laboratory - Cytology

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CYTOLOGY SUBMISSION FORM

Patient name: _____ Hospital name: _____
Patient ID: _____ Hospital address: _____
Owner name: _____
Species: [] Can [] Fel [] Eq Select Phone number: _____
Breed: _____ Veterinarian: _____
Date of birth: _____ Results delivery: _____
Sex: [] F [] FS [] M [] MC Billing address: _____
*Please provide preferred test result delivery address (results to veterinarian/practice) and practice billing address - email preferred (fax numbers acceptable for billing). Addresses can differ.

HISTORY:

COLLECTION DATE/TIME:

Site 1: _____ Slide #: _____ Unstained _____ Stained _____ Tube(s): _____ R/WTT _____ LTT
Select: [] Cytology Fluid Analysis (cytology, counts & protein) CSF Analysis Bone marrow (CBC within 24 hours)
Fluid color _____ Fluid clarity _____ WBC count _____ /uL RBC count _____ /uL
Total or CSF protein _____ g/dL (mg/dL CSF protein) Prepared slides: _____ Direct _____ Sediment _____ Cytospin _____ Buffy coat Technician _____

Site 2: _____ Slide #: _____ Unstained _____ Stained _____ Tube(s): _____ R/WTT _____ LTT
Select: [] Cytology Fluid Analysis (cytology, counts & protein) CSF Analysis Bone marrow (CBC within 24 hours)
Fluid color _____ Fluid clarity _____ WBC count _____ /uL RBC count _____ /uL
Total or CSF protein _____ g/dL (mg/dL CSF protein) Prepared slides: _____ Direct _____ Sediment _____ Cytospin _____ Buffy coat Technician _____

Site 3: _____ Slide #: _____ Unstained _____ Stained _____ Tube(s): _____ R/WTT _____ LTT
Select: [] Cytology Fluid Analysis (cytology, counts & protein) CSF Analysis Bone marrow (CBC within 24 hours)
Fluid color _____ Fluid clarity _____ WBC count _____ /uL RBC count _____ /uL
Total or CSF protein _____ g/dL (mg/dL CSF protein) Prepared slides: _____ Direct _____ Sediment _____ Cytospin _____ Buffy coat Technician _____

CYTOLOGY - Cytologic evaluation of smears; no counts or protein Submit: Air-dried, unstained (preferred) smears of aspirates, impression smears, or scrapings of solid tissue (e.g. lymph nodes, masses, organs, etc) or fluids (e.g., prostatic wash, tracheal wash, BAL, prostatic wash, or synovial fluid or cavitory effusions without counts, etc.). Submit fluid in EDTA (preferred for bloody samples) and/or red-top tube (without clot activator). Please note smear preparation type(s) if submitting already-prepared slides.
FLUID ANALYSIS - Cytologic evaluation + fluid analysis (gross characteristics, WBC & RBC counts, total protein by refractometry). Submit: For abdominal, pleural, pericardial, and synovial fluids - EDTA (preferred for bloody samples) and/or red-top tube +/- air-dried and unstained (preferred) direct or sediment smears if sample volume permits.
BONE MARROW - Cytologic evaluation of routinely-stained smears + a Prussian blue-stained for iron. Submit: Air-dried, unstained marrow smears; results from a current CBC (within 48 hours of bone marrow collection); peripheral blood smear (unstained). With CBC (additional fee): Include whole blood in EDTA tube +/- air-dried peripheral blood
CEREBROSPINAL FLUID (CSF) ANALYSIS - Cytologic evaluation + Gross characteristics, WBC & RBC counts, total protein by chemistry analyzer.