

Clinical Pathology Laboratory - Cytology

MJR-VHUP Room 4101 - 3900 Delancey Street - Philadelphia, PA 19104-6051

Phone: 215.898.8877 Fax: 215.898.9352

www.vet.upenn.edu/diagnosticlabs



Koranda Walsh VMD, DACVIM (SAIM), DACVP; Martina Piviani DVM, MSc, DACVP; Candice Chu, DVM, PhD, DACVP

CYTOLOGY SUBMISSION FORM

Patient name: _____	Hospital name: _____
Patient ID: _____	Hospital address: _____
Owner name: _____	_____
Species: <input type="checkbox"/> Can <input type="checkbox"/> Fel <input type="checkbox"/> Eq <input type="checkbox"/> Select Other _____	Phone number: _____
Breed: _____	Veterinarian: _____
Date of birth: _____	Results delivery: _____
Sex: <input type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> M <input type="checkbox"/> 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: <input type="checkbox"/> Cytology <input type="checkbox"/> Fluid Analysis (cytology, counts & protein) <input type="checkbox"/> CSF Analysis <input type="checkbox"/> 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: <input type="checkbox"/> Cytology <input type="checkbox"/> Fluid Analysis (cytology, counts & protein) <input type="checkbox"/> CSF Analysis <input type="checkbox"/> 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: <input type="checkbox"/> Cytology <input type="checkbox"/> Fluid Analysis (cytology, counts & protein) <input type="checkbox"/> CSF Analysis <input type="checkbox"/> 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 cavity 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.