# HISTO/CYTOLOGY REQUEST FORM

**DATE**  
**ANIMAL ID / PIMS NUMBER**

**VETERINARY SURGEON**  
**OWNER'S NAME**

**ADDRESS STAMP**  
**OWNER'S ADDRESS**

**NAME OF ANIMAL**

**SPECIES**  
**AGE**

**BREED**  
**SEX**

**NEUTERED**  
**ENTIRE**

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### HISTOLOGY

**UHIS** FastTrack Histology  
Samples received Monday to Thursday. Excludes tissues requiring decalcification or incompletely fixed specimens

**Number of Tissues submitted:** Please indicate lesion description and site of tissue(s) below:

- **Site 1**
- **Site 2**
- **Site 3**
- **Additional Sites**

**Has whole tumour been submitted?**

- ☐ Yes  
- ☐ No

**Biopsy Method**

- ☐ Endoscopy  
- ☐ Excisional  
- ☐ Incisional  
- ☐ Post Mortem  
- ☐ Other:

### CYTOLOGY

**Cytology Type**

**Number of Sites submitted:** Please indicate lesion description and site of sample(s) below:

- **Site 1**
- **Site 2**
- **Site 3**
- **Additional Sites**

**Fluid**

- Tracheal  
- BAL  
- Nasal  
- Prostatic  
- Synovial  
- CSF  
- Urine  
- Abdominal  
- Pleural  
- Pericardial  
- Other – please specify:

### HISTOLOGY / CYTOLOGY PROFILES

<table>
<thead>
<tr>
<th>BMEX</th>
<th>Bone Marrow Cytology</th>
</tr>
</thead>
<tbody>
<tr>
<td>HICL</td>
<td>Histology &amp; Culture &amp; Sensitivity</td>
</tr>
<tr>
<td>SWCY</td>
<td>Cytology &amp; Culture &amp; Sensitivity</td>
</tr>
<tr>
<td>HISM</td>
<td>Histology &amp; Cytology on Smears</td>
</tr>
<tr>
<td>HICY</td>
<td>Histology &amp; Cytology on Fluids</td>
</tr>
</tbody>
</table>

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**Please provide history to allow for interpretation (please indicate Differential Diagnosis / Disease Suspected / Specific questions you would like answered)**

**Please include Previous Reference Number(s) if appropriate**

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**Tissues to be submitted in 10% formal-culture. Polypropylene tubes with fixative are available from the laboratory. Please do not push large tissues into small pots. Please ensure absorbent material is included in order to contain any leakage in transit.**

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**FOR LAB USE ONLY**

<table>
<thead>
<tr>
<th>EDTA FLUID</th>
<th>FIRSTации</th>
<th>PLAIN URINE</th>
<th>UTD</th>
<th>FATTY</th>
<th>PRE-STAINED</th>
<th>NO OF SLIDES</th>
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<td>ORCIC URINE</td>
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<td>EDTA WHOLE BLOOD</td>
<td>LOCK BUB</td>
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<td>SMEAR</td>
<td>COURIER</td>
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<th>3</th>
<th>4</th>
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<thead>
<tr>
<th>PM TISSUES</th>
<th>Liver</th>
<th>Lung</th>
<th>LN</th>
<th>Spleen</th>
<th>Heart</th>
<th>Kidney</th>
<th>Gut:</th>
<th>Other:</th>
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<thead>
<tr>
<th>DESCRIPTION OF TISSUE</th>
<th>SKIN BIOPSY</th>
<th>ENDOSCOPIC BIOPSY</th>
<th>OTHER BIOPSY:</th>
<th>SERIALLY SLICED</th>
<th>No Lesion Seen</th>
<th>Friable Tissue</th>
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<tbody>
<tr>
<td>Incompletely Fixed</td>
<td>No Lymph Node Seen (Mammary)</td>
<td>Cut Open By Vet</td>
<td>No differentiation</td>
<td>Cut in Half</td>
<td>May Not Survive Processing</td>
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<table>
<thead>
<tr>
<th>LABELLED PICTURE OF SECTIONS TAKEN</th>
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<thead>
<tr>
<th>NUMBER OF BLOCKS TAKEN</th>
<th>ALL PROC</th>
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<td>Days</td>
<td>SHORT DECAL</td>
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<td>DATE DECAL TISSUES BAGGED</td>
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</tbody>
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# HISTOLOGY/CYTOLOGY REQUEST FORM

**HISTOLOGY**

- **UHIS** FastTrack Histology
- **HIST1** Histology 1 site
- **HIST2** Histology 2 sites
- **HIST3** Histology 3 sites
- **HIST4** Histology 4 sites
- **HISG** Histology & Complete skin Exam
- **HISA** # of sites above 4: 
- **HISM** Histology & Fluid Cytology
- **HICL** Histology & Culture

**CYTOLOGY**

- **ASC** Abdominal Fluid
- **ASP** Miscellaneous Fluid Aspirate
- **PF** Pleural Fluid
- **PERI** Pericardial Fluid
- **SYNO** Synovial Fluid
- **CSF** Cerebro-Spinal Fluid
- **UCYT** Urine Cytology (no culture)
- **UCEC** Urine Complete Exam
- **CYT01** Cytology 1 site
- **CYT02** Cytology 2 sites
- **CYT03** Cytology 3 sites
- **CYT04** Cytology 4 sites
- **CYTA** 
- **LNAS** Lymph Node Aspirate
- **UCYT** Urine Cytology (no culture)
- **SWCY** FNA & Culture/Sensitivity
- **BMEX** Bone Marrow (includes FBC)

**FLUID CYTOLOGY** (includes microbiology)

- **TRAW** Tracheal Wash
- **BAL** Bronchioalveolar Lavage
- **NW** Nasal Wash/Flush
- **PRW** Prostatic Wash
- **FFCY** Fixed Fluid Cytology

**NON-FLUID CYTOLOGY** (only smears submitted)

- **CYTOT**
- **CYTO1** Cytology 1 site
- **CYTO2** Cytology 2 sites
- **CYTO3** Cytology 3 sites
- **CYTO4** Cytology 4 sites
- **# of sites above 4: 
- **FFCY** Fixed Fluid Cytology

**WASH/LAVAGE/FLUSH** (includes microbiology)

- **SWCY** FNA & Culture/Sensitivity

**FEES** are determined by the number of anatomical sites/lesions sampled. Please refer to our Directory of Services for further details regarding sampling and fees.

**HISTOLOGY**

- Same standard charge is applied to submissions obtained from up to 2 sites (UHIS1 and UHIS2). The fee increases for submittions from 3 or more sites. Up to 4 biopsies from inflammatory skin disease, multiple lymph nodes, endoscopic biopsies are classified as a single anatomical site.

**CYTOLOGY**

- Same standard charge is applied to submissions obtained from up to 2 sites (ASC1 and ASC2). FNA's from multiple lymph nodes are classified as a single anatomical site. The fee increases for submissions from 3 or more sites. Please note that for fluid and wash/lavage/flush cytology, each additional site is charged at an incremental fee equal to 50% of the standard charge.

**HISTORY, SITE, AND LESION DESCRIPTION:**

- **Has whole tumour been submitted?**
  - Yes
  - No

**Biopsy Method**

- Endoscopy
- Excisional
- Incisional
- Post Mortem
- Other:

**Differential Diagnosis/Disease Suspected:**

**Cytology Type**

- FNA
- Wash/Lavage
- Impression
- Scraping
- Cystocentesis
- Other:

**Recent Treatment**

Tissues to be submitted in 10% formal-saline. Polypropylene tubes with fixative are available from the laboratory. Please do not push large tissues into small pots. Please ensure absorbent material is included in order to contain any leakage in transit.
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