



VDx[®]

Veterinary Diagnostics

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CHECK HERE IF STAT

DOCTOR'S PET
 EMPLOYEE PET
 PROFESSIONAL INTEREST

Date collected _____

Account no. _____

Clinic name _____

Dr. _____

Pet name _____

Owner name _____

Species K9 FEL EQ Other: _____

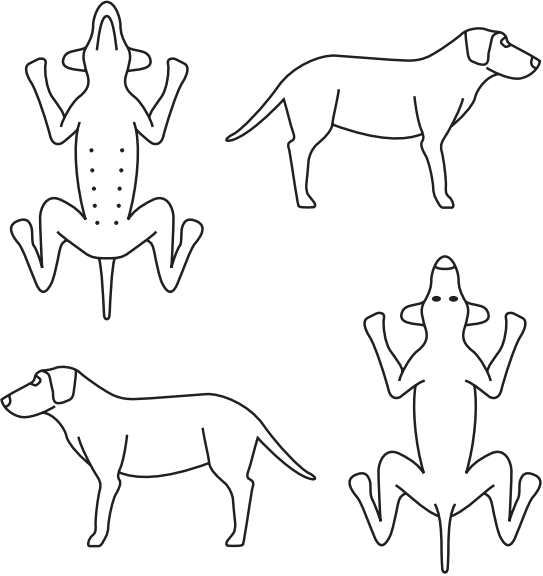
Breed _____

Sex F FS M MN

Age/DOB _____

Send duplicate results to:
Name _____
Fax/E-mail _____

- Mini Biopsy** (diagnosis, comment)
- Full Biopsy** (microscopic description, diagnosis, comment)
- Mini Cytology** (diagnosis, comment)
- Full Cytology** (microscopic description, diagnosis, comment)
- Bone Marrow Evaluation** (microscopic description, diagnosis, comment)
- Fluid/CSF Analysis** (cell counts, protein, microscopic description, diagnosis, comment)
- Washes** (slide preparation, microscopic description, diagnosis, comment)
- Lymphoma Profile** (full biopsy or cytology plus T & B cell immunophenotyping)
- PARR Profile** (full biopsy or cytology plus PARR testing)
- PARR Testing** (PARR only)



Sample Site / Location **# of Specimens** **Evaluate Margins?**

1. _____	_____	<input type="checkbox"/> Y	<input type="checkbox"/> N
2. _____	_____	<input type="checkbox"/> Y	<input type="checkbox"/> N
3. _____	_____	<input type="checkbox"/> Y	<input type="checkbox"/> N
4. _____	_____	<input type="checkbox"/> Y	<input type="checkbox"/> N

(If no box is checked, margins may not be evaluated.)

History / Comments

