



**CHECK HERE IF STAT**

**DOCTOR'S PET**  
 **EMPLOYEE PET**  
 **PROFESSIONAL INTEREST**

Date collected \_\_\_\_\_

Account no. \_\_\_\_\_

Clinic name \_\_\_\_\_

Dr. \_\_\_\_\_

Pet name \_\_\_\_\_

Owner name \_\_\_\_\_

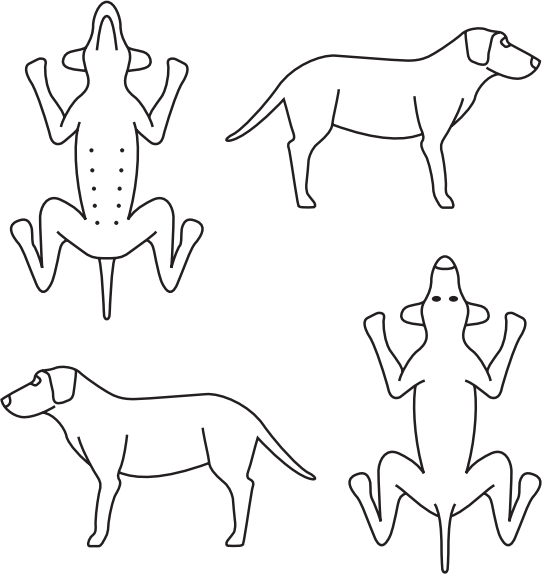
Species  K9  FEL  EQ  Other: \_\_\_\_\_

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)  
 **Derm Biopsy** (microscopic description, diagnosis, comment)  
 **Mini Cytology** (diagnosis, comment)  
 **Full Cytology** (microscopic description, diagnosis, comment)  
(If no box above is checked, a mini report will be provided)  
 **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.  
For cytology samples please submit 8-10 unstained slides.)  
 **PARR Profile** (full biopsy or cytology plus PARR testing)  
 **PARR Testing** (PARR only. Please include previous path report.)

**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**  
\_\_\_\_\_  
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