



VDx[®]

Veterinary Diagnostics

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FLOW CYTOMETRY

DOCTOR/EMPLOYEE PET

PATIENT INFORMATION

Date collected: _____
 Account no. _____
 Clinic name _____
 Dr. _____
 Pet name _____
 Owner name _____
 Species : K9 only (no feline accepted)
 Breed _____
 Sex: F FS M MN
 Age/DOB _____

Send duplicate results to:

 Name _____

 Email or Fax # _____

For new clients, please complete a NEW CLIENT INFORMATION form with your billing information with the sample. A new form can be downloaded from www.vdxpathology.com

- DIRECTIONS FOR ALL SUBMISSIONS:**
1. Keep refrigerated until picked up/shipped.
 2. Transport samples on ice. DO NOT FREEZE.
 2. Include 2-3 unstained, air-dried slides of sample.
 3. For BLOOD: Submit 1-3 ml in EDTA.
 4. For LYMPH NODE: Submit 2-3 needle aspirates in 1 ml of saline +0.1 ml serum added.
 5. Copy of current CBC (for blood) and histology/cytology report (for blood and lymph node).

FLOW CYTOMETRY ONLY
Flow cytometry will be performed on the sample without cytologic evaluation. (Copy of cytology report required.)

FLOW CYTOMETRY WITH CYTOLOGY
Flow cytometry will be performed on the sample with full cytologic evaluation.

TEST SITE: BLOOD LYMPH NODE OTHER _____

SUMMARY OF HISTORY	Y	N	Unknown	SUMMARY OF ABNORMAL LAB RESULTS	Y	N	Unknown
Peripheral lymphadenopathy				Hypercalcemia			
Intra-abdominal lymphadenopathy				Hyperglobulinemia			
Hepatomegaly / mass				Atypical cells in peripheral blood			
Splenomegaly / mass				Anemia			
Mediastinal mass				Neutropenia			
Previous history of hematopoietic neoplasia				Thrombocytopenia			

SUMMARY OF HISTORY AND TREATMENT:

Is patient clinically ill? Yes No

Current medications and response:

Additional History/Comments:

