FLOW CYTOMETRY SUBMISSION FORM

☐ **CHECK HERE IF STAT**

Date Collected _____
Account No. _____
Clinic Name _____
Doctor Name _____
Pet Name _____
Owner Name _____
Species ☐ **K9 only** (no feline accepted)
Breed _____
Sex ☐ F ☐ FS ☐ M ☐ MN
Age/DOB _____

☐ DOCTOR/EMPLOYEE PET

Send duplicate results to:
Name:
Email:

DIRECTIONS FOR ALL SUBMISSIONS:

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

FOR NEW CLIENTS, please include a NEW CLIENT INFORMATION form with your billing information with the sample. A new form can be downloaded from www.vdxpathology.com

☐ **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 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 the patient clinically ill? ☐ Yes ☐ No

Current medications and response:

ADDITIONAL HISTORY/COMMMENTS