## **VDx SUBMISSION FORM**

	☐ CHECK HERE IF STAT		☐ DOCTOR'S PET☐ EMPLOYEE'S PET
Date Collected		-	PROFESSIONAL INTEREST
Account No.		-	Send duplicate results to:
Clinic Name		-	Name:
Doctor Name Pet Name		-	Email:
Owner Name		-	
Species	☐ K9 ☐ FEL ☐ EQ ☐ Other:	-	
Breed		-	
Sex	F FS M MN		6
Age/DOB		- (	
Mini Biopsy (diagnosis, comment)   Full/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)   Joint Fluid Analysis (slides +/- fluid for cell counts and 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.)		8	
SAMPLE SITE/LOC	: ATION		# OF SPECIMENS EVALUATE MARGINS?
· · · · · · · · · · · · · · · · · · ·			☐ YES ☐ NO
2.			YES  NO
3.			☐ YES ☐ NO
4.			YES NO
			(If no box is checked, margins may not be evaluate
HISTORY/COMM	ENTS		

