

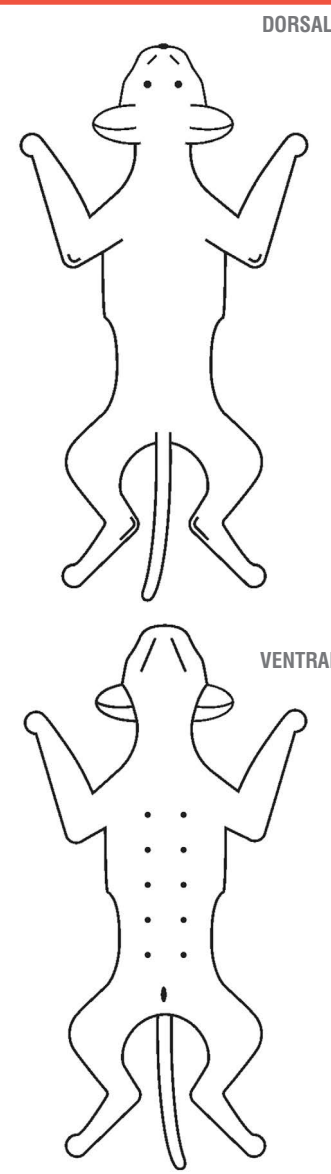
LAB NUMBER (LAB USE ONLY)	DATE	ANIMAL ID / PIMS NUMBER		
	VETERINARY SURGEON	OWNER'S NAME		
VET CODE	ADDRESS STAMP	NAME OF ANIMAL		
		SPECIES	AGE	
		BREED	SEX	NEUTERED <input type="checkbox"/>

MANDATORY INFO			
Does the animal originate from a country outside the UK (please state country)	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Has the animal recently travelled abroad or been in contact with a non-UK bred animal that has travelled abroad	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Please indicate if the sample has been obtained from a patient receiving chemotherapy or radioactive iodine	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Where:			

For a full list of all available test, sample requirements and online ordering please visit [www.vetconnectplus.co.uk](http://www.vetconnectplus.co.uk)

**Please complete all relevant information on the form for a complete report**

Test code	Description	Comment
CYT01	Cytology 1 Site	
CYT02	Cytology 2 Sites	
CYT03	Cytology 3 Sites	
CYT04	Cytology 4 Sites	
CYT05	Cytology 5 Sites	
CYT06	Cytology 6 Sites	
CYT07	Cytology 7 Sites	
CYT08	Cytology 8 Sites	
CYTOX	Cytology 9+ Sites	
LNAS – Lymph Node Aspirate <input type="checkbox"/>		SYN2 – Synovial Fluid with extended cultures <input type="checkbox"/>
LNCY – Lymph Node Aspirate + Fine needle Aspirate (CYTO):		SYNO – Synovial Fluid (1, 2, 3, 4, 5, 6 sites)
LNCY1 <input type="checkbox"/>	LNCY2 <input type="checkbox"/>	LNCY5 <input type="checkbox"/>
LNCY3 <input type="checkbox"/>	LNCY4 <input type="checkbox"/>	SYNO1 <input type="checkbox"/>
		SYNO2 <input type="checkbox"/>
		SYNO5 <input type="checkbox"/>
		SYNO3 <input type="checkbox"/>
		SYNO4 <input type="checkbox"/>
		SYNO6 <input type="checkbox"/>
BCFLD – Body Cavity Fluid (1, 2, 3, 4 sites):		WASH – Fluid/Wash/Cystic fluid (1 or 2 sites):
BCFLD <input type="checkbox"/>	BCFLD2 <input type="checkbox"/>	WASH1 <input type="checkbox"/>
BCFLD3 <input type="checkbox"/>	BCFLD4 <input type="checkbox"/>	WASH2 <input type="checkbox"/>
		UCYT – Urine Cytology <input type="checkbox"/>
CSF – Cerebrospinal Fluid (1 or 2 sites)		BMEX – Bone Marrow Cytology <input type="checkbox"/>
CSF <input type="checkbox"/>	CSF2 <input type="checkbox"/>	



**Relevant clinical history – required for appropriate interpretation** (please indicate Differential Diagnosis / Disease Suspected / Specific questions you would like answered)

**Please include Previous Reference Number(s) if appropriate**

Tissues to be submitted in 10% Neutral Buffered Formalin. Polypropylene tubes with fixative are available from the laboratory. Please do not push large tissues into small pots. Please ensure absorbent material is included in order to contain any leakage in transit.

IDEXX handles personal data responsibly and has adopted the privacy policy which can be found at [idexx.com/privacy](http://idexx.com/privacy)

