

Clinical Pathology  
 Cytology, C269  
 1060 William Moore Drive  
 Raleigh NC 27607  
 919 513-6550

[ncstatehospitalcytology@ncsu.edu](mailto:ncstatehospitalcytology@ncsu.edu)

Laboratory Use

# Cytology

<b>Clinic Information:</b>		<b>Veterinarian:</b>	
NAME: _____		_____	
ADDRESS: _____		Clinic email: _____	
_____		_____	
PHONE _____			
<b>Owner Information</b>			
Last name _____		First name _____	
<b>Patient Information</b>		NAME: _____	
		AGE _____	
Species		Breed: _____	
Canine	<input type="checkbox"/>	SEX	<input type="checkbox"/>
Feline	<input type="checkbox"/>	M	<input type="checkbox"/>
Equine	<input type="checkbox"/>	MN	<input type="checkbox"/>
Other	<input type="checkbox"/>	F	<input type="checkbox"/>
		FS	<input type="checkbox"/>
		UNK	<input type="checkbox"/>

Site Location	Collection Date	# of slides	No more than 6 slides per site are evaluated	ROUTINE **STAT
1 _____	<input type="text"/>	_____	<b>**If STAT Call 919-513-6550 to notify Lab</b>	<input type="checkbox"/>
2 _____	<input type="text"/>	_____		<input type="checkbox"/>
3 _____	<input type="text"/>	_____		<input type="checkbox"/>
4 _____	<input type="text"/>	_____		<input type="checkbox"/>

If these are additional slides from a previously non-diagnostic cytology they must be submitted within 4 weeks of previous submission  
 Previous Accession Number \_\_\_\_\_

**Gross Appearance: When applicable list size, growth rate, mobility, texture and color**

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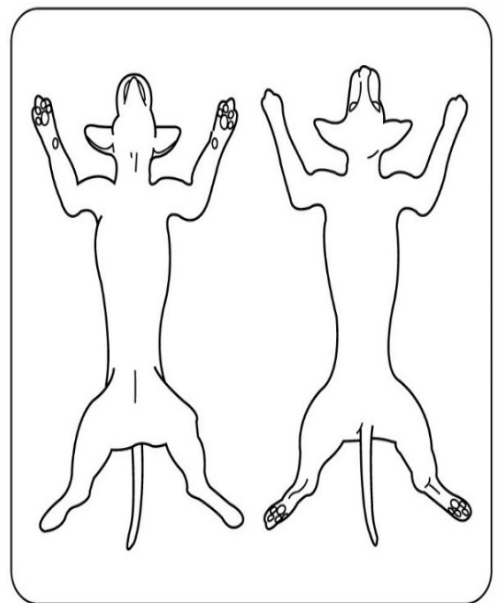
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*This submission form serves as notice that all specimens, animals, and/or biological materials submitted to NC State CVM Diagnostic Laboratory Service (CVM-DLS) as well as any test results, diagnoses, or other analyses resulting from these submissions will become the property of CVM-DLS*