

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

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Laboratory Use

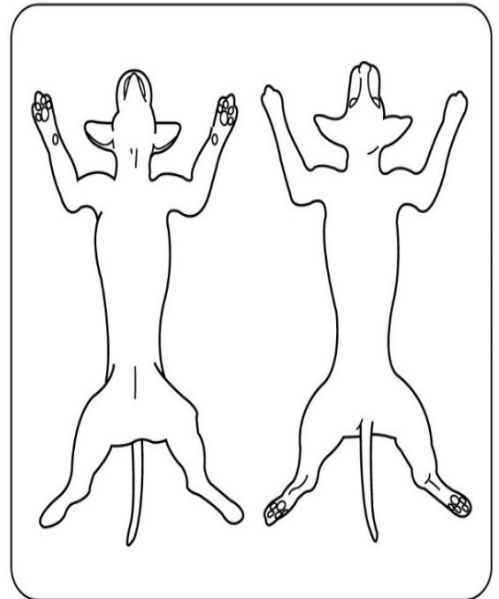
Cytology

Clinic Information:		Veterinarian:	
NAME: _____		_____	
ADDRESS: _____		Clinic email: _____	
_____		_____	
PHONE _____		_____	
Owner Information			
Last name _____		First name _____	
Patient Information		NAME: _____	
Species		AGE _____	
Canine	Breed: _____	SEX	_____
Feline		M	
Equine		MN	
Other		F	
		FS	
		UNK	

Site Location	Collection Date	# of slides	No more than 6 slides per site are evaluated	ROUTINE **STAT
1 _____	_____	_____	**If STAT Call 919-513-6550 to notify Lab	_____
2 _____	_____	_____		_____
3 _____	_____	_____		_____
4 _____	_____	_____		_____

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



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