

4375 Beaudry, St-Hyacinthe QC J2S 8W2

Submitioner	Customer #:
Clinic:	
Veterinarian:	
Address:	
Phone:	
Email:	
Animal Identi	fication
Animal's name/R	
•	
Owner:	
City (Prov.):	
Species: O Canin	e O Feline O Equine O Bovine
O Swine O Othe	r:
Breed:	
Age:	
Sex: OM OF [Neutered
Would you like u	s to transmit the result to a
third party? If so,	to whom?
Name:	
Email:	
Email:	
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Email: Follow up case -	order #:
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Follow up case - ·	vaccination:
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Follow up case - History Treatment or v	vaccination:

CYTOLOGY & HISTOPATHOLOGY

1-888-824-6838 • sac@biovet-inc.com

HISTOPATHOLOGY Mass or lesion location Dorsal Ventral Date and time put in formalin: Quantity of tissues submitted: Type of sample submitted: Mass dimensions: Description of lesion(s): ☐ Raised ☐ Flat ☐ Pedunculated ☐ Colored ☐ Firm ☐ Smooth ☐ Ulcerated ☐ Circumscribed ☐ Infiltrative ☐ Attached ☐ Movable ☐ Alopecic Painful Pruritic Duration and rate of growth:

☐ site

- Every forms are on our Website.
- Please ask for any special tests that are not listed on this requisition form
- Our pathologists are available for consultation.

STOPATHOLOGY	CYTOLOGY
Dorsal Ventral Date and time put in formalin: Quantity of tissues submitted:	Mass / Organ Aspiration Impression Fluid analysis Abdominal fluid Thoracic fluid Pericardial fluid Synovial FLUID CSF Cell count only Fluid proteins only Lavages Nasal lavage Tracheal lavage BLA Bone marrow LE cells
Mass dimensions: Description of lesion(s): Raised	
Ouration and rate of growth: Simple Multiple Solid Cystic	
site	
DETAILED DESCRIPTION OF MASS / LESION	

Please make sure that all slides, tubes and/or containers are well identified with the owner's name and the origin of sample.

Please write in block letters

MKT-041-EN-V.1 **Biovet-CYTO-EN**