



Lab No. _____

Pet's name 動物名	File No. 檔案編號	Age 年齡	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered	Date collect	Time
Owner's name 主人名	<input type="checkbox"/> Canine 狗 <input type="checkbox"/> Feline 貓 <input type="checkbox"/> Others 其他	Breed 品種		<input type="checkbox"/> Payment in Lab (Otherwise on Account)	<input type="checkbox"/>am <input type="checkbox"/>pm
Referred by				Address 地址	

HISTOLOGY		CYTOLOGY	
H116 <input type="checkbox"/>	Biopsy, small size (<4 cm) _____ site(s)	Cytology - Aspirates, washes, urine or fluids. Specify: _____ (BAL, prostatic wash, tracheal wash, nasal flush, urine or fluid-filled mass in EDTA)	
H116/H117P <input type="checkbox"/>	Biopsy, small size & cytology, same site	H117 <input type="checkbox"/>	Up to 6 slides / site _____ slide(s)
H116M <input type="checkbox"/>	Biopsy, medium size - 1 site (4 - 10 cm)	H117D <input type="checkbox"/>	7 - 12 slides / site _____ slide(s)
P310M <input type="checkbox"/>	Biopsy, medium & small size, 1 site each	H117E <input type="checkbox"/>	Cytology Lymphoma Combo (up to 4 lymph nodes, up to 12 slides)
H116L <input type="checkbox"/>	Biopsy, large size - 1 site (>10 cm)	P311 <input type="checkbox"/>	Body Cavity Fluid for Cytology & Analysis <input type="checkbox"/> Pleural <input type="checkbox"/> Peritoneal <input type="checkbox"/> Pericardial
P310L <input type="checkbox"/>	Biopsy, large & small size -1 site each	P312C <input type="checkbox"/>	CSF Cytology & Analysis
P310C <input type="checkbox"/>	Biopsy Lymphoma Combo - 1 tissue (<4 cm)	P312S <input type="checkbox"/>	Synovial Fluid for Cytology & Analysis
P310D <input type="checkbox"/>	Biopsy IBD Combo - 3 - 5 tissues (each <4 cm)	P314A <input type="checkbox"/>	Bone Marrow for Cytology & PBS
P310E <input type="checkbox"/>	Biopsy ISD Combo - 3 - 5 tissues (each <4 cm)		
P314 <input type="checkbox"/>	Bone Marrow for Histology, Cytology & PBS		

Other tests:

Site(s) or Source :

Necropsy specimen ?
 Yes No

Type of Biopsy : Endoscopic Excisional Incisional Needle Surgical margins inked

History / Clinical Data : (Primary complaint, severity, duration, lesion size, rate of development etc.)

Diagnosis : (Clinical diagnosis or differential diagnosis, & previous histological / cytological diagnosis)

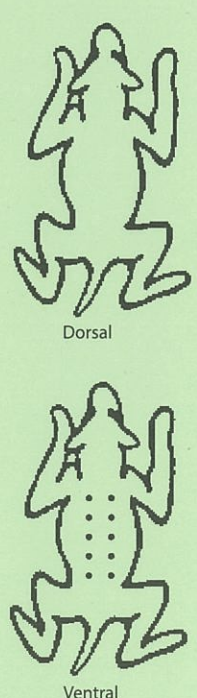
Lesion :

Tumour Solitary
 Localized Generalized
 Bilateral Symmetrical
 Seasonal Multiple
 Pruritus Wheals
 Alopecia Bulla
 Papules Pustules
 Macules Vesicles
 Plaques

Other available information :

Radiographs Clinical Chem. Haematology Microbiology
 Previous Lab No. (If any) _____

Drugs Given :



Blood	Fluid	Slide(s)	Urine	Tissue in Formalin	Other	Checked by
				<input type="checkbox"/> Small x <input type="checkbox"/> Medium x <input type="checkbox"/> Large x		