Cytology Submission Form

Animal Health Diagnostic Center
College of Veterinary Medicine, Cornell University
In Partnership with the NYS Dept. of Ag & Markets
US Postal Service Address: FedEx/UPS Service
PO Box 5786  Address: 240 Farrier Rd.
Ithaca, NY 14852-5786        Ithaca, NY 14853

AHDC Accession No. / Date

In Partnership with the NYS Dept. of Ag & Markets
Available Monday through Friday.

Check if STAT needed (Fee + add'l $45)

AHDC Acct. No.________

Your Internal Case / Reference No. **____________________________

Submitting Veterinarian*

Clinic Name

Address

City, State, Zip

Phone No. (____) Fax No. (____)

Submitting Vet’s Signature:

NYS Premises ID

ANIMAL IDENTIFICATION (only one animal per form):

Name/Identifier No.

Species

Breed

Sex

Age/DOB

Sampling Date

CYTOLOGY TESTS REQUESTED:

☐ Pleural Fluid

☐ Synovial Fluid:

☐ Pericardial Fluid

☐ Urine:

☐ Peritoneal Fluid

☐ Other (specify):

☐ BAL

☐ Other:

☐ Tracheal Wash ☑ TTW ☑ Scope

☐ Cerebrospinal Fluid ☑ AO ☑ Lumbar

HISTORY/CLINICAL INFORMATION:

Clinical / Differential Diagnosis:

Has related material been submitted previously for this animal: ☐ Y ☐ N Accession No.

Clinical Summary (imaging findings, appearance, size and lesion(s) distribution):

☐ Check here if history is continued on back, or if add’l history is attached.

Other Diagnostic tests requested:

(example; CBC, Chemistry Panel)

Specimen and Anatomical Site

Tests Requested (Enter full name of test)

AHDC USE ONLY

OPENED BY:

☐ FEDEX ☐ MAIL ☑ DATE REC'D:____________

☐ FEDEX-GRND ☐ PRI MAIL ☑ TIME REC'D:____________

☐ UPS-GRND ☐ EXP MAIL ☑ DATE SHIPPED:____________

☐ UPS-ND ☐ OTHER: _______________ ☐ FROZEN ☐ DRY ICE

☐ RM TEMP ☐ COLD PACK ☐ COOL ☐ NONE

☐ COLD ☐ COMMENT: _______________

*The submitting veterinarian is responsible for the requested tests, fees associated with this submission, and to notify the owner of test results.

**If your Internal Reference No. is entered on this form, it will be used to identify this case on the test result form and on the billing statement (max. 17 character field).