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 Contacts
Phone: 607-253-3900
Fax: 607-253-3943
Web: ahdc.vet.cornell.edu
Email: diagcenter@cornell.edu

PLEASE COMPLETE ALL FIELDS, PRINT LEGIBLY, AND ENTER ONLY ONE ANIMAL PER FORM

☐ Check if STAT needed (Fee + add’l $45) Available Monday through Friday.

AHDC Acct. No. ____________

Your Internal Case / Reference No. ** ________________

Submitting Veterinarian*

Clinic Name__________________________

Address____________________________

City, State, Zip_____________________

Phone No. (_____) Fax No. (_____)

County__________________________

Submitting Vet’s Signature:________________________________________

NYS Premises ID_____________________

ANIMAL IDENTIFICATION (only one animal per form):

SEX Codes: M=Male, MR=Mare(Equine only), MC=Castrated Male, F=Female, SF=Spayed Female
AGE CODE: Y=Years, M=Months, W=Weeks, D=Days, DOB=Date of Birth

Name/Identifier No.__________________________ Species__________________________

Breed__________________________ Sex__________________________ Age/DOB__________________________

Sampling Date__________________________

CYTOLOGY TESTS REQUESTED :

Please check all that apply: Smears Submitted

☐ Cytology Smear Exam(s): Sources:

☐ Peritoneal Fluid

☐ Pleural Fluid

☐ Pericardial Fluid

☐ BAL Smear Exam and Counts

☐ BAL Smear Exam Only

☐ Tracheal Wash

☐ Cerebrospinal Fluid

☐ TTW

☐ Scope

☐ AO

☐ LS

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)

☐ 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).