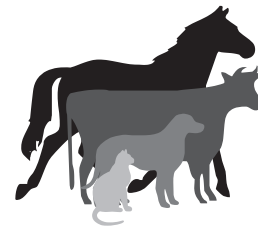




**SUBMISSION FORM – HISTOPATHOLOGY AND CYTOLOGY**

**Sample reception-CDEVQ**  
 3220 Sicotte, Saint-Hyacinthe, Québec J2S 2M2  
 Phone: (450) 778-8151 // Fax: (450) 778-8107  
 Email: service-diagnostic@medvet.umontreal.ca  
 Website: www.servicedediagnostic.com



LAB USE ONLY

**SAMPLE INFORMATION**

Sample taken date: \_\_\_\_\_ Number of samples: \_\_\_\_\_  
 Sample type:  Entire mass  Mass portion  Liquid(s) (specify): \_\_\_\_\_ Other (specify): \_\_\_\_\_

**PATIENT/OWNER IDENTIFICATION**

Owner's ID: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Animal ID: \_\_\_\_\_  
 Species: \_\_\_\_\_ Breed: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex:  F  F/S  M  M/N

**BILLING INFORMATION**

**Veterinarian's name:** \_\_\_\_\_  
 Clinic: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

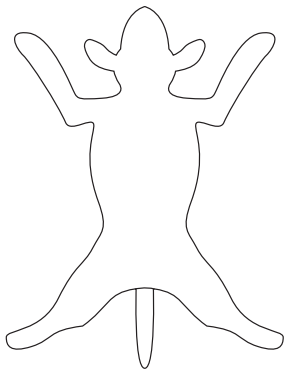
**CLINICAL/TREATMENT INFORMATION**

ANAMNESIS NEEDED FOR INTERPRETATION  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

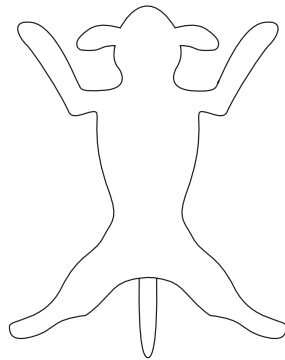
**BIOPSY AND CYTOLOGY**

Requested tests:  Histopathology (microscopic examination of tissues)  Cytology (clinical pathology)  
 Description of lesions (locate the area directly on the illustration): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Size, shape, consistency: \_\_\_\_\_  
 Growth pattern:  Infiltrating  Expansive  Hypertrophied regional node Adherence to neighboring tissues:  Yes  No  
 Pruritus:  Yes  No  N/A Intensity: \_\_\_\_\_ Duration of the problem: \_\_\_\_\_  
 Additional information (Including previous treatment, history of recurrence, previous tests or previous test results): \_\_\_\_\_  
 \_\_\_\_\_

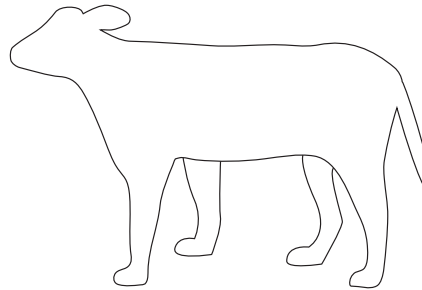
**CLINICAL DIAGNOSIS:** \_\_\_\_\_  
 \_\_\_\_\_



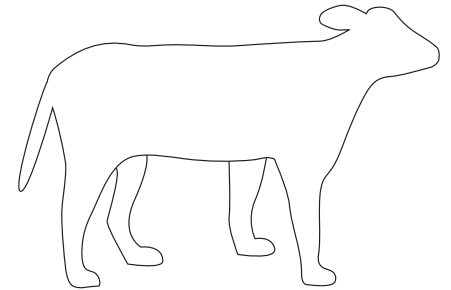
DORSAL



VENTRAL



LEFT SIDE



RIGHT SIDE

When sending samples to the Diagnostic Service (DS) of the *Faculté de médecine vétérinaire (FMV)*, I hereby agree to transfer them to the institution. I agree hereby, that the information in this application and the results thereof can be used by the DS for purposes such as research, development, statistics and education. Personal information collected on this form will be treated according to the Act respecting access to documents held by public bodies and the protection of personal information (chapter A-2.1).

Special instructions/demands: \_\_\_\_\_

Signature: \_\_\_\_\_