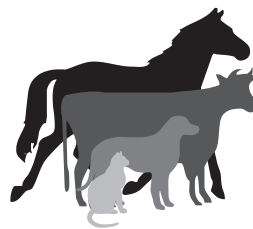




SUBMISSION FORM – HISTOPATHOLOGY AND CYTOLOGY

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 BILLING INFORMATION CLINICAL/TREATMENT INFORMATION

Owner's ID: _____ Address: _____ Phone: _____ Animal ID: _____ Species: _____ Breed: _____ Age: _____ Sex: <input type="checkbox"/> F <input type="checkbox"/> F/S <input type="checkbox"/> M <input type="checkbox"/> M/N	Veterinarian's name: _____ Clinic: _____ Address: _____ Phone: _____ Fax: _____ Email: _____	ANAMNESIS NEEDED FOR INTERPRETATION _____ _____ _____ _____
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BIOPSY AND CYTOLOGY

Requested tests: Histopathology (microscopic examination of tissues) Cytology (clinical pathology)

Description of lesions (locate the area directly on the illustration): _____

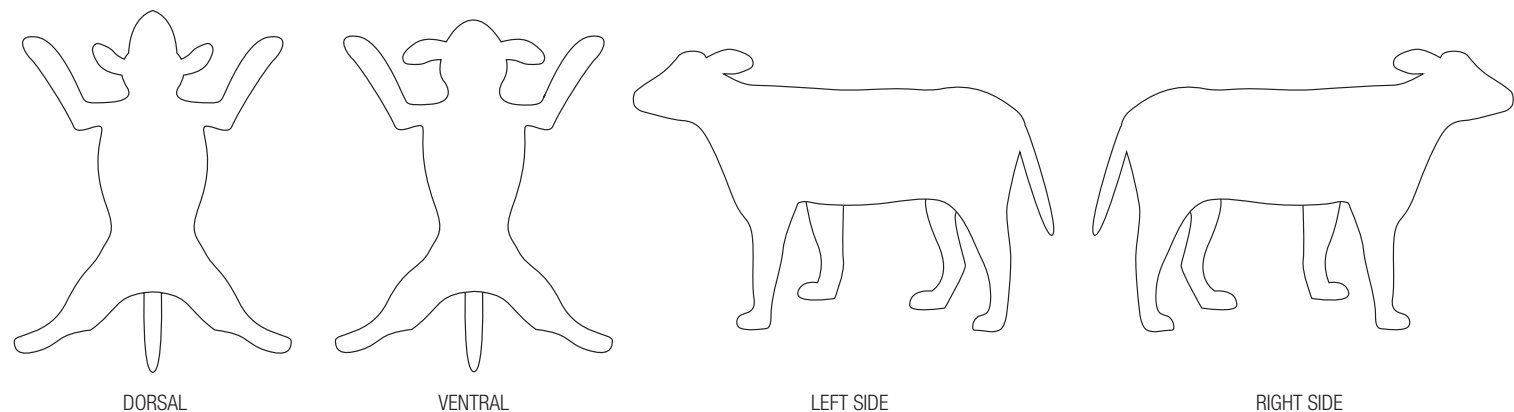
Size, shape, consistency: _____

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: _____



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: _____