



SUBMISSION FORM – HISTOPATHOLOGY AND CYTOLOGY

Sample reception-CDEVQ

3220 Sicotte, Saint-Hyacinthe, Québec J2S 2M2
Phone: 450 778-8151 // Fax: 450 778-8107

cdvum@umontreal.ca
www.cdvum.ca



LAB USE ONLY

Pathologist's initials:

Resident Initial's:

SAMPLE INFORMATION

Sample taken date: _____ Number of samples: _____

SAMPLE TYPE: Entire mass Mass portion Liquid(s) (specify): _____ Fine needle aspiration Imprint Other: _____

PATIENT/OWNER IDENTIFICATION

Owner's ID: _____

Address: _____

Phone: _____

Animal ID: _____

Ref. No.: _____

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 **REQUIRED** (locate the area directly on the illustration): _____

Size, shape, consistency: _____

Growth pattern: Infiltrating Expansive Hypertrophied regional node

Adherence to neighboring tissues: Yes No

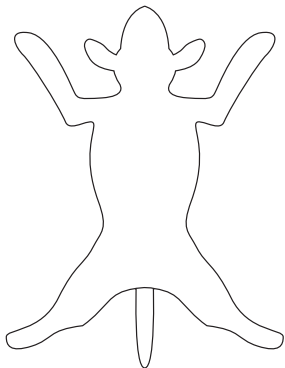
Pruritus: Yes No N/A

Intensity: _____

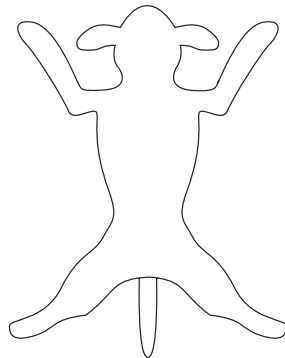
Duration of the problem: _____

Additional information (Including previous treatment, history of recurrence, previous tests or previous test results): _____

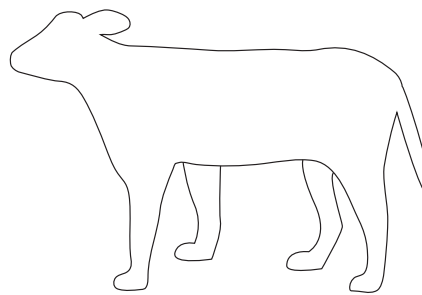
CLINICAL DIAGNOSIS: _____



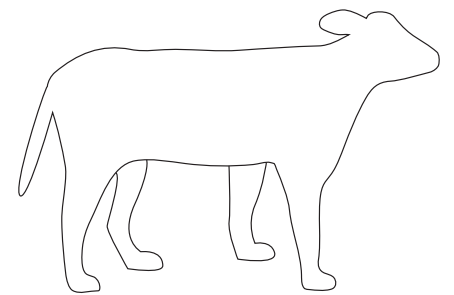
DORSAL



VENTRAL



LEFT SIDE



RIGHT SIDE

When sending samples to the *Centre de diagnostic vétérinaire de l'Université de Montréal (CDVUM)*, I thereby 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 CDVUM 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: