



SUBMISSION FORM – HISTOPATHOLOGY AND CYTOLOGY

Sample reception-CDEVQ

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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

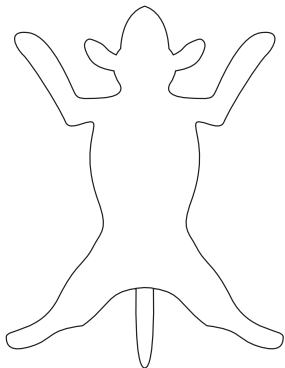
Adherence to neighboring tissues: Yes No

Pruritus: Yes No N/A Intensity: _____

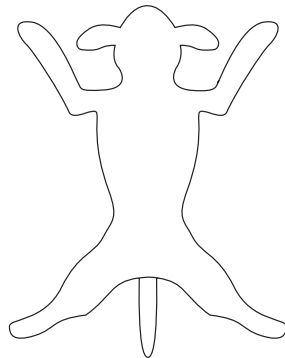
Duration of the problem: _____

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

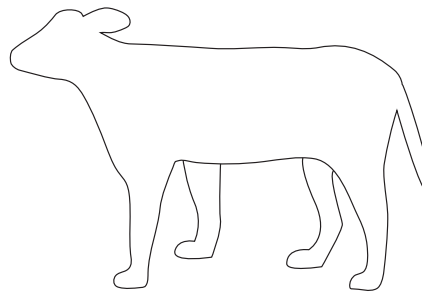
CLINICAL DIAGNOSIS: _____



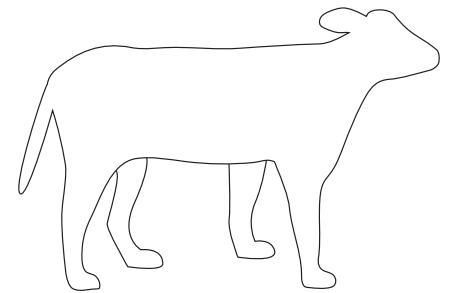
DORSAL



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) and may be communicated by the CDVUM to government authorities in the context of legal obligations.

Special instructions/demands:

Signature: