



Kindness and Care for Animals®

AAMC – Boston
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For Angell Lab use only

CYTOLOGY SUBMISSION FORM

Date \_\_\_\_\_

Veterinary Clinic \_\_\_\_\_ Submitting Clinician \_\_\_\_\_

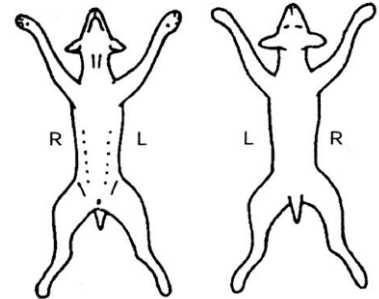
Clinic Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Owner \_\_\_\_\_ Animal Name \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

CLINICAL HISTORY:



FLUIDS-includes cell count & cytology

- Abdominal/peritoneal
Coelomic cavity
CSF (includes protein), select site
Cerebellomedullary cistern
Lumbar
Pericardial
Thoracic/pleural

JOINTS

- Carpus L R
Elbow L R
Shoulder L R
Stifle L R
Tarsus L R
Other joint L R

LYMPH NODES

- Inguinal L R
Mesenteric
Popliteal L R
Prescap L R
Mandibular L R
Other node L R
Specify node: \_\_\_\_\_

OTHER

- Specify source: \_\_\_\_\_

CYTOLOGY

- Adrenal
Blood smear
Bone marrow
Choanal
Cloacal
Ear swab L R
Feces
Intra-abdominal or intra-coelomic mass
Intra-thoracic mass
Kidney L R
Liver
Mammary gland
Specify gland: \_\_\_\_\_
Nasal cavity L R
Oral cavity
Pancreas
Prostate
Salivary gland
Skin mass
Specify site: \_\_\_\_\_
Spleen
TTA/bronchial brush/endotracheal wash (circle one)
Thyroid
Urine
Method of collection: \_\_\_\_\_
Vagina