Cytology Submission Form

Animal Health Diagnostic Center

College of Veterinary Medicine, Cornell University
In Partnership with the NYS Dept. of Ag & Markets

US Postal Service Address:
PO Box 5786
Ithaca, NY 14852-5786

FedEx/UPS Service
Address: 240 Farrier Rd.
Ithaca, NY 14853

AHDC Contacts
Phone: 607-253-3900
Fax: 607-253-3943
Web: ahdc.vet.cornell.edu
Email: diagcenter@cornell.edu

LAB USE ONLY

AHDC Accession No. / Date

PLEASE NOTE: SAMPLES SUBMITTED FOR TESTING BECOME THE PROPERTY OF THE ANIMAL HEALTH DIAGNOSTIC CENTER AND MAY BE TESTED AS PART OF STATE/FEDERAL SURVEILLANCE PROGRAMS

PLEASE COMPLETE ALL FIELDS, PRINT LEGIBLY, AND ENTER ONLY ONE ANIMAL PER FORM

☐ **Check if STAT needed (Fee + add'l $45)** Available Monday through Friday.

AHDC Acct. No._____

Your Internal Case / Reference No. **_____

Submitting Veterinarian*_____

Clinic Name_____

Address_____

City, State, Zip_____

Phone No. (____)_____ Fax No. (____)_____

Submitting Vet's Signature:_____

Owner_____

Address_____

City, State, Zip_____

Phone No. (_____)_____

County_____Town_____

NYS Premises ID_____

ANIMAL IDENTIFICATION (only one animal per form):

SEX Codes: M=Male, MR=Mare(Equine only), MC=Castrated Male, F=Female, SF=Spayed Female
AGE CODE: Y=Years, M=Months, W=Weeks, D=Days, DOB=Date of Birth

Name/Identifier No.	Species	Breed	Sex	Age/DOB	Sampling Date

CYTOLOGY TESTS REQUESTED : Please check all that apply:

	Smears Submitted
☐ Cytology Smear Exam(s): Sources:	
☐ Peritoneal Fluid	☐
☐ Pleural Fluid	☐
☐ Pericardial Fluid	☐
☐ BAL Smear Exam and Counts	☐
☐ BAL Smear Exam Only	☐
☐ Bone Marrow: Site:	
☐ Tracheal Wash ☐ TTW ☐ Scope	☐
☐ Synovial Fluid: Site(s):	
☐ Cerebrospinal Fluid ☐ AO ☐ LS	☐

HISTORY/CLINICAL INFORMATION:

Clinical / Differential Diagnosis:_____

Has related material been submitted previously for this animal: ☐ **Y** ☐ **N** Accession No._____

Clinical Summary (imaging findings, appearance, size and lesion(s) distribution):

☐ **Check here if history is continued on back, or if add'l history is attached.**

Other Diagnostic tests requested:
(example; CBC, Chemistry Panel)

Specimen and Anatomical Site	Tests Requested (Enter full name of test)

AHDC USE ONLY
OPENED BY:
_____

☐ FEDEX ☐ FEDEX-GRND ☐ UPS-GRND ☐ UPS-ND

☐ MAIL ☐ PRI MAIL ☐ EXP MAIL ☐ OTHER:_____

DATE REC'D:_____
TIME REC'D:_____
DATE SHIPPED:_____

☐ FROZEN ☐ RM TEMP ☐ COOL ☐ COLD

☐ DRY ICE ☐ COLD PACK ☐ NONE ☐ COMMENT:_____

*The submitting veterinarian is responsible for the requested tests, fees associated with this submission, and to notify the owner of test results.

**If your Internal Reference No. is entered on this form, it will be used to identify this case on the test result form and on the billing statement (max. 17 character field).