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SAVC ACCREDITATION No: LF19/16115

# Cytology Submission Form

Lab No:	
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Date of sample collection:	
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Sender Details:	Patient Details:	
Clinic Name:	Name:	
Vet:	Species:	
E-mail:	Age:	Sex:
Tel:	Owner's Name:	
Cell:	Owner's Cell:	Tel:

History and clinical diagnosis:

Please specify which type of sample(s) provided:	
Blood Smear	
BAL Wash	
Trach Wash	
CSF Tap	
Joint Tap	
FNA	
Pleural Effusion	
Urine Sediment	
Other (please specify):	

For Office Use (Mandatory)	
Prepared by	
Stained by	
TP	
SG	
Appearance / Viscosity	
Sample left (Yes/No?)	