



Clinical Flow Cytometry Submission Form

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|--|--|
| <p>Clinic Information</p> <p>Clinician _____</p> <p>Clinic _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Fax _____</p> <p>Email _____</p> | <p>Patient Information</p> <p>Animal Name _____ Date _____</p> <p>Owner Name _____</p> <p>Address _____</p> <p>Date or year of birth _____</p> <p>Canine <input type="checkbox"/> Feline <input type="checkbox"/> Breed _____</p> <p>Gender <input type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> M <input type="checkbox"/> MN</p> |
|--|--|

Send Report to: _____ fax (and/or) _____ email _____

| Pertinent Patient History – This is important! Please help by filling this section and/or including a copy of the medical record. | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|
| | <u>Yes</u> | <u>No</u> | <u>Unknown</u> | | <u>Yes</u> | <u>No</u> | <u>Unknown</u> |
| Lymphadenopathy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lymphocytosis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Splenomegaly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hypercalcemia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hepatomegaly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hyperglobulinemia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mediastinal mass | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cytopenia(s)? (please include CBC) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other masses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Patient on chemotherapy, steroids, or other immunosuppressive drugs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Body cavity effusion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Neoplasia confirmed by cytology or histology? Please include report. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please include a copy of all cytology and histology reports from this patient with your submission.

Details: _____

| Sample Information – Please check appropriate box *See sample submission guidelines for proper preparation and storage* | | | | | | |
|--|--------------------------|------------------------------|-----------------------------|-----------------|---|------------------------------|
| Sample | CBC Report Included? | | | Collection Date | Test Requested | |
| Peripheral blood | <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | _____ | <input type="checkbox"/> Flow Cytometry | <input type="checkbox"/> CBC |
| Bone marrow | <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | _____ | <input type="checkbox"/> Flow Cytometry | <input type="checkbox"/> CBC |

A CBC run w/in 48hrs of sample collection is required for flow cytometry on peripheral blood and bone marrow samples. If a CBC report is not included, check CBC above and include 1 fresh unstained blood smear and an EDTA tube with peripheral blood.

| Sample | Specify Site | Collection Date | Test Requested | |
|-------------------|--------------------------------|-----------------|---|-----------------------------------|
| Aspirate | <input type="checkbox"/> _____ | _____ | <input type="checkbox"/> Flow Cytometry | <input type="checkbox"/> Cytology |
| Body cavity fluid | <input type="checkbox"/> _____ | _____ | <input type="checkbox"/> Flow Cytometry | <input type="checkbox"/> Cytology |
| Additional site | <input type="checkbox"/> _____ | _____ | <input type="checkbox"/> Flow Cytometry | <input type="checkbox"/> Cytology |

Submission Guidelines: <https://vet.uga.edu/pathology/service-lab/clinical-immunodiagnostic-laboratory> or google: 'UGA Clinical Immunodiagnostic Laboratory'

Please ship overnight to the Athens Veterinary Diagnostic Laboratory. Keep sample cold (*do not freeze*) w/ice pack for next-morning delivery OR include ice pack w/sample for courier pick-up where available.

Questions and general information: email vetclinflow@uga.edu, (706)542-9430, alt (706)542-5161.

Please notify us by email at vetclinflow@uga.edu prior to shipping a sample.