



Clinical Flow Cytometry Service

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Canine & Feline Clinical Flow Cytometry Submission Form

Clinic Information
Clinician
Clinic
Address
City State Zip
Phone Fax
Email

Patient Information
Animal Name Date
Owner Name
Address
Date or year of birth
Breed
Gender F FS M MN

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.

Table with 6 columns: Condition, Yes, No, Unknown, Condition, Yes, No, Unknown. Rows include Lymphadenopathy, Splenomegaly, Hepatomegaly, Mediastinal mass, Other masses, Body cavity effusion, Lymphocytosis, Hypercalcemia, Hyperglobulinemia, Cytopenia(s)?, Patient on chemotherapy, Neoplasia confirmed.

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*:

Table with 4 columns: Sample, CBC Report Included?, Collection Date, Test Requested. Rows for Peripheral blood and Bone marrow.

A CBC run w/in 72hrs 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.

Table with 4 columns: Sample, Specify Site, Collection Date, Test Requested. Rows for Aspirate, Body cavity fluid, Additional site.

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 contact:

Kristina Meichner, DVM, DECVIM-CA (oncology), DACVP (clinical)

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Please notify us by email prior to shipping a sample.