

AVL Veterinary Clinical Laboratory

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Histopathology/Cytology Test Request Form

* Please fill out form completely

Owner: _____ Animal: _____ Dr.: _____

Age: _____ Sex: M MC F FS Species: _____ Breed: _____

ID# _____ Date: _____ Hospital: _____

Basic Histopathology:

- 464 Basic 1 Site
- 464A Basic 2 Sites
- 464B Basic 3 Sites
- 464C Basic 4 Sites
- 464D Basic 5 Sites
- 464E Basic 6 Sites
- 464F Basic 7 Sites

Extensive Histopathology:

- 364 Extensive 1 Site
- 364A Extensive 2 Sites
- 364B Extensive 3 Sites
- 364C Extensive 4 Sites
- 364D Extensive 5 Sites
- 364E Extensive 6 Sites
- 364F Extensive 7 Sites

Cytology:

- 338 Cytology Fluid Analysis
- 339 FNA 1 Site
- 339A FNA 2 Sites
- 339B FNA 3 Sites
- 339C FNA 4 Sites

Source of Sample: _____

Additional History: (signs, stress factors, previous disease, treatments, postmortem findings, pertinent feed or feed additives, time period animal was on premises, clinical lab results)

Location: _____

Size and Shape: _____

Color, texture, and presence of capsule: _____

Growth Pattern (expansion, invasion, pedunculation, etc.): _____

Duration: _____ **Rate of Growth:** _____

Are margins submitted? : _____

History of Recurrence: _____