

GENERAL REQUEST FORM

Tuskegee University
 College of Veterinary Medicine
 Tuskegee, AL 36088
 Phone: (334) 728-5111
 Fax: (334) 724-1110

Submitting Veterinarian
Clinic

Owner Name					
Animal Name				PID #	
Breed				Weight	
Sex	M	MN	F	FS	Age
	Canine	Feline	Equine	Bovine	Porcine
	Ovine	Caprine	Avian	Other	
Vaccination					

Clinical Pathology

Date & Time of Collection

Type of Diagnostic Service Requested

Cytology Bone Marrow Evaluation

Fluid Analysis (Specify Tests)

Blood Smear Examination (Specify)

Other Diagnostic Services (Specify)

Description and Location of Lesion(s):

Method of Specimen Collection

Aspirate Imprint/Impression Scraping

Swab Wash/Lavage Discharge From Patient

Other Method (Describe)

Type of Specimen Submitted

Slides (Smears) Peritoneal Fluid (EDTA)

Pleural Fluid (EDTA) Cerebrospinal Fluid (EDTA)

Synovial Fluid Tracheal Wash (EDTA)

Bronchoalveolar Lavage (EDTA) Tissue (No Formalin)

Other Specimen (Describe)

Clinician Signature _____ Intern/Student Signature _____