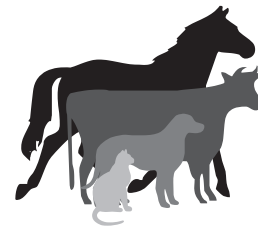




**SUBMISSION FORM – HISTOPATHOLOGY AND CYTOLOGY**

**Sample reception-CDEVQ**  
 3220 Sicotte, Saint-Hyacinthe, Québec J2S 2M2  
 Phone: (450) 778-8151 // Fax: (450) 778-8107  
 Email: service-diagnostic@medvet.umontreal.ca  
 Website: www.servicedediagnostic.com



LAB USE ONLY

**SAMPLE INFORMATION**

Sample taken date: \_\_\_\_\_ Number of samples: \_\_\_\_\_  
 Sample type:  Entire mass  Mass portion  Liquid(s) (specify): \_\_\_\_\_ Other (specify): \_\_\_\_\_

**PATIENT/OWNER IDENTIFICATION      BILLING INFORMATION      CLINICAL/TREATMENT INFORMATION**

Owner's ID: _____ Address: _____ Phone: _____ Animal ID: _____ Ref. No.: _____ Species: _____ Breed: _____ Age: _____ Sex: <input type="checkbox"/> F <input type="checkbox"/> F/S <input type="checkbox"/> M <input type="checkbox"/> M/N	<b>Veterinarian's name:</b> _____ Clinic: _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____	ANAMNESIS NEEDED FOR INTERPRETATION _____ _____ _____ _____
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**BIOPSY AND CYTOLOGY**

Requested tests:  Histopathology (microscopic examination of tissues)  Cytology (clinical pathology)

Description of lesions (locate the area directly on the illustration): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

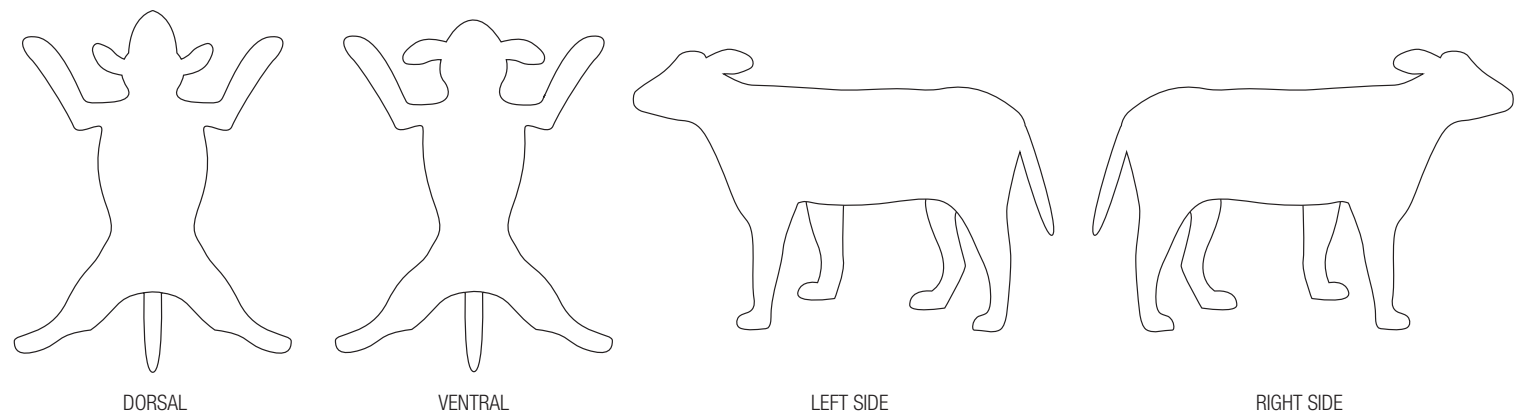
Size, shape, consistency: \_\_\_\_\_

Growth pattern:  Infiltrating  Expansive  Hypertrophied regional node      Adherence to neighboring tissues:  Yes  No

Pruritus:  Yes  No  N/A      Intensity: \_\_\_\_\_      Duration of the problem: \_\_\_\_\_

Additional information (Including previous treatment, history of recurrence, previous tests or previous test results): \_\_\_\_\_  
 \_\_\_\_\_

**CLINICAL DIAGNOSIS:** \_\_\_\_\_  
 \_\_\_\_\_



When sending samples to the Diagnostic Service (DS) of the *Faculté de médecine vétérinaire (FMV)*, I hereby agree to transfer them to the institution. I agree hereby, that the information in this application and the results thereof can be used by the DS for purposes such as research, development, statistics and education. Personal information collected on this form will be treated according to the Act respecting access to documents held by public bodies and the protection of personal information (chapter A-2.1).

Special instructions/demands: \_\_\_\_\_      Signature: \_\_\_\_\_