

Clinical Pathology Request Form

University of Cambridge, Queen's Veterinary School Hospital,
Maddingley Road, Cambridge CB3 0ES
Email: clinpath@vet.cam.ac.uk Tel: 01223 337625



PRACTICE DETAILS: Clinician: Email address for results:	ANIMAL DETAILS: Owner: Animal Name: Species: Breed: Age: Sex: Date of sample:	LAB USE ONLY
--	---	---------------------

CLINICAL SUMMARY (Presentation, differential diagnosis, recent treatment)

Travel outside the UK? Yes ☐ No ☐ If yes, please specify

Possibility of Zoonosis? Yes ☐ No ☐ Receiving cytotoxic drugs? Yes ☐ No ☐

All clinical information and residual samples collected for diagnostic purposes may be retained for teaching and research purposes. All data is anonymised. If you do **NOT** authorise the use of these samples please tick this box ☐

HAEMATOLOGY – EDTA <input type="checkbox"/> Complete Blood Count <input type="checkbox"/> Blood Typing <input type="checkbox"/> DAT (Coombs) <input type="checkbox"/> Cross Match COAGULATION – Citrate <input type="checkbox"/> OSPT/APTT/Platelets <input type="checkbox"/> D-dimers	BIOCHEMISTRY – Serum, Li Hep <input type="checkbox"/> Small Animal Basic <input type="checkbox"/> Small Animal Extended (includes SAA) <input type="checkbox"/> Bile Acid <input type="checkbox"/> Post-Stimulation <input type="checkbox"/> Total T4 (feline only) <input type="checkbox"/> SAA OTHER TESTS (specify)	FLOW CYTOMETRY (Aspirates/EDTA) <input type="checkbox"/> Canine Lymphoma/Leukaemia <input type="checkbox"/> Feline Lymphoma/Leukaemia BONE MARROW <input type="checkbox"/> Bone marrow aspirate <input type="checkbox"/> Bone marrow aspirate and core URINALYSIS (Plain tube) Cath <input type="checkbox"/> Cysto <input type="checkbox"/> Voided <input type="checkbox"/> <input type="checkbox"/> Full Urinalysis (includes UPC & Sediment)
---	--	---

CYTOLOGY – SLIDES/EDTA fluid

Source of Sample

- 1.
- 2.
- 3.
- 4.

MICROBIOLOGY Culture & Sensitivity

Source of Sample

- 1.
- 2.
- 3.

PARASITOLOGY

Specify Suspected Parasite