

LABEL AREA:



PHOENIX LAB
 Excellence in Veterinary
 Science & Service

425.355.5252 • 800.347.0043
 FAX: 425.355.3676

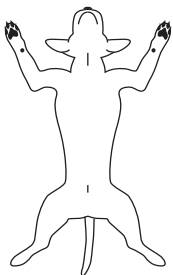
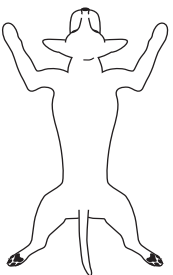
FOR LABORATORY USE

- | | | |
|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Histo Jar | <input type="checkbox"/> Slides # _____ | <input type="checkbox"/> Urine Tube |
| <input type="checkbox"/> Histo RTT | <input type="checkbox"/> Cyto LTT | <input type="checkbox"/> Urine CTT |
| <input type="checkbox"/> Fresh Tissue | <input type="checkbox"/> Cyto CTT | <input type="checkbox"/> Micro Swab |
| <input type="checkbox"/> Body | <input type="checkbox"/> Cyto RTT | <input type="checkbox"/> Thio |
| <input type="checkbox"/> Other: _____ | | |

Please Label Samples with Owner / Animal Name. Please Print and Include (*) Required Fields

* Owner / Animal Please Print		Hospital Patient ID
Owner / Last Name		Owner / First Name
Animal Name		
* Age	* Species	Breed
* Sex		Collection Date / Time
<input type="checkbox"/> M <input type="checkbox"/> CM <input type="checkbox"/> F <input type="checkbox"/> SF		
Veterinarian	Additional Copy to	
		Previous Case ID

HISTOPATHOLOGY / CYTOPATHOLOGY / RELATED MICROBIOLOGY TEST REQUEST

MARK SITE OF LESIONS	VENTRAL	DORSAL	SOURCE / SITE:	HISTORY:
			Cutaneous or Subq:	Previous Lab ID:
			Appearance:	Treatment / Rx History:
			Size:	

HISTOPATHOLOGY

CYTOPATHOLOGY

Fee includes dissection, representative section submission, decalcification, and margin examination.

History noted above or
SOURCE:

Reporting Options:
Mini report provides gross description, microscopic interpretation and comments.
Full report provides gross description, microscopic description & interpretation and comments.

If Urine: Free **Cath** **Cysto**

- Single Tissue**
 • 1-4 samples from one site (one surgical site or one organ type) where L+W+H<15cm in aggregate
 • Additional orders: each additional site or each additional 4 samples from the same site, where L+W+H<15cm in aggregate
- 400 Mini Report - Single Tissue**
- 441 Additional Single Tissue - Mini Report** # of Add'l Orders _____
- 401 Full Report - Single Tissue**
- 419 Additional Single Tissue - Full Report** # of Add'l Orders _____

- 5318 Mini-Cytology No Microscopic Description (one site)**
- 5318 x Mini-Cytology Additional**
 Extra charge for each additional site submitted, # sent _____
- 318 Cytology (one site)**
 Lymph Node(s) - 4-8 slides, all charged as one site
 Wash / Lavage / Flush - 3-5 air dried, unstained smears or fluid
 Fine Needle - 3-5 air dried, unstained smears
 Tissue Impression - 3-5 air dried, unstained smears or tissue imprint
 Vaginal Estrus - 3-5 air dried, unstained smears

- Complex Tissue**
 • 1-4 samples from one site (one surgical site or one organ type) where L+W+H>15cm in aggregate
 • Each entire organ (examples: brain, heart, lung, spleen, liver, gallbladder, pancreas, 1 kidney, 1 eyeball, 1 ear canal, 1 mammary chain, 1-2 ovaries or testicles)
 • Each sample requiring decalcification (1 digit, tail, mandible, maxilla)
 • Note: Additional Single Tissue or Additional Skin Punch Biopsies orders (test codes 441 or 419) may be combined with Complex Tissue orders.
- 463 Mini Report - Complex Tissue** # of Complex Orders _____
- 403 Full Report - Complex Tissue** # of Complex Orders _____

- 318 x Cytology, Additional Sites**
 Extra charge for each additional site submitted, # sent _____
- 304 Bone Marrow** 6-12 air dried, unstained smears
- 364 Bone Marrow with CBC** 6-12 air dried, unstained smears, (1 LTT)
- 1318 Buffy Coat** (1 LTT)
- 14 Body Cavity or Joint Fluid** (one site / source only)
 Fluid in 1 LTT, 1 RTT (if culture required), air dried unstained smears
- 14 x Body Cavity or Joint Fluid, Additional Sites**
 Extra charge for each additional site submitted, # sent _____
- 29 CSF Analysis** 1 LTT (1 ml preferred), CSF in Plain RTT for culture or serology
- 1029 CSF Analysis, Multiple Sites (2)**
- 32 Semen Evaluation** minimum 1-2 ml fresh semen

- Skin Punch Biopsies**
 • 1-4 skin punches (1-8mm)
 • Additional orders: each additional 4 skin punches
- 423 Mini Report - Skin Punch Biopsies**
- 441 Additional Skin Punch Biopsies - Mini Report** # of Add'l Orders _____
- 425 Full Report - Skin Punch Biopsies**
- 419 Additional Skin Punch Biopsies - Full Report** # of Add'l Orders _____

MICROBIOLOGY

Cultures include 2 sensitivities unless "ID Only" noted.

- SOURCE:**
- 505 Aerobic Culture & Sensitivity, Routine**
- 500 Aerobic Culture & Sensitivity / Anaerobic Culture, ID Only**
- 519 Fecal Culture (Salmonella / Campy)**
- 512 Aerobic Culture, ID Only**
- 514 Aerobic Culture, ID Only / Anaerobic Culture, ID Only**
- 504 Fungal Culture, ID Only**
- 506 Urine Culture & Sensitivity**
- 548 Urinalysis with Culture & Sensitivity** (5 ml urine)

- 407 Limb Dissection**
 Includes dissection, representative section submission, decalcification, margin examination.

- 406 Necropsy Services**

Special Stain(s) Request / Other Tests:

DO NOT STAIN

Urine Collection: Free Cath Cysto