

Microbiology
Histopathology
Cytology Form

Last Name: _____

First Name: _____

Dr: _____ Hospital: _____

Age: _____ Sex: M MC F FS

Species: _____ Breed: _____

ID# _____ Date: _____



Microbiology:

PLEASE FILL OUT ENTIRE FORM

- 336 Aerobic Culture and Sensitivity
- 337 Aerobic and Anaerobic Culture and Sensitivity
- 650 Fecal Pathogens
- 332 Blood Culture

- 452 Anaerobic Culture
- 355 Gram Stain
- 334 Fungal Culture
- 525 Fungal ID only

Histopathology:

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

Cytology:

- 338 Cytology Fluid Analysis
- 339 FNA 1 Site
- 339A FNA 2 Sites
- 339B FNA 3 Sites
- 339C Lymph Nodes 2- 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: _____