



VDx[®]

Veterinary Diagnostics

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CHECK HERE IF STAT

DOCTOR'S PET
 EMPLOYEE PET

Date collected _____

Account no. _____

Clinic name _____

Dr. _____

Pet name _____

Owner name _____

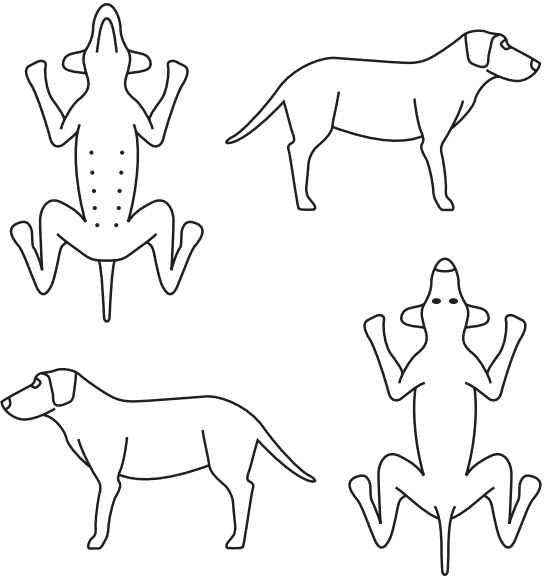
Species K9 FEL EQ

Breed _____

Sex F FS M MN

Age/DOB _____

Send duplicate results to:
Name _____
Fax # _____



Mini Biopsy (diagnosis, comment)
 Full Biopsy (microscopic description, diagnosis, comment)
 Lymphoma Profile (full biopsy or cytology plus T & B cell immunophenotyping)
 Mini Cytology (diagnosis, comment)
 Full Cytology (microscopic description, diagnosis, comment)
 Bone Marrow Evaluation (microscopic description, diagnosis, comment)
 Cytology of Body Fluids/Washes

Sample Site / Location	# of Specimens	Evaluate Margins?
1. _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
2. _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
3. _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
4. _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N

(If no box is checked, margins may not be evaluated.)

History / Comments

