



VDx[®]

Veterinary Diagnostics

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CHECK HERE IF STAT

DOCTOR'S PET
 EMPLOYEE PET
 PROFESSIONAL INTEREST

Date collected _____

Account no. _____

Clinic name _____

Dr. _____

Pet name _____

Owner name _____

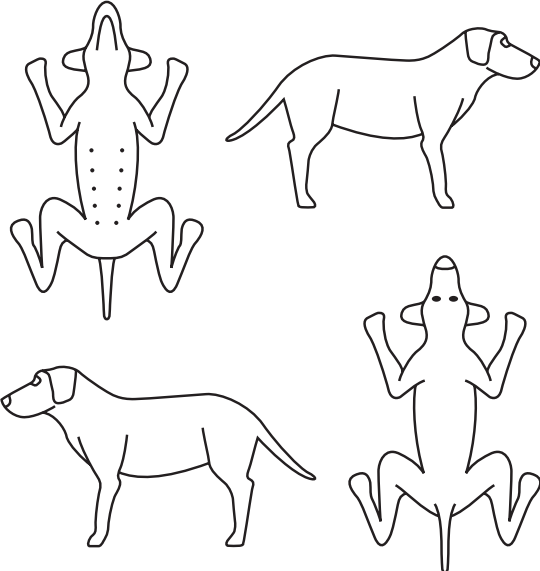
Species K9 FEL EQ

Breed _____

Sex F FS M MN

Age/DOB _____

Send duplicate results to:
Name _____
Fax/E-mail _____



Mini Biopsy (diagnosis, comment)
 Full Biopsy (microscopic description, diagnosis, comment)
 Mini Cytology (diagnosis, comment)
 Full Cytology (microscopic description, diagnosis, comment)
(If no box above is checked, a mini report will be provided)
 Bone Marrow Evaluation (microscopic description, diagnosis, comment)
 Fluid/CSF Analysis (cell counts, protein, microscopic description, diagnosis, comment)
 Washes (slide preparation, microscopic description, diagnosis, comment)
 PARR/Immuno If (Preauthorization for additional PARR and/or IHC/ICC testing on biopsy or cytology sample).
 PARR Testing (PARR only. Please include previous path report.)

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

