



# Flow Cytometry Service Submission Form

**Patient Information** (or place medical record sticker here)

- Patient Name: \_\_\_\_\_
- Client Name: \_\_\_\_\_
- MRN: \_\_\_\_\_
- Species/Breed: \_\_\_\_\_
- Age: \_\_\_\_\_
- Sex: \_\_\_\_\_

**Clinic Information** (if other than Ohio State VMC)

- Clinic Name: \_\_\_\_\_
- Clinic Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Clinic Email: \_\_\_\_\_

**Veterinarian Information**

- Name: \_\_\_\_\_
- Email: \_\_\_\_\_

**Summary of Pertinent Clinical Findings**

- Brief history: \_\_\_\_\_
- Physical exam abnormalities: \_\_\_\_\_
- Imaging abnormalities: \_\_\_\_\_
- Hematology (CBC) abnormalities: \_\_\_\_\_
- Biochemistry/SPE abnormalities: \_\_\_\_\_
- Current medications (especially steroids/chemotherapy): \_\_\_\_\_
- Other: \_\_\_\_\_

**Sample Information**

- Sample location(s): \_\_\_\_\_  
- Ex: blood, lymph node (which one?), bone marrow, cavity fluid, other.
- Date collected: \_\_\_\_\_
- Date of last CBC (please attach results if not performed by Ohio State clin path): \_\_\_\_\_  
- For blood samples only, a CBC within 48 hours of sampling is required.
- Cytologic or histologic diagnosis (if available): \_\_\_\_\_
- Purpose of submission: \_\_\_\_\_  
- Ex: Establish a diagnosis of neoplasia, immunophenotyping, monitoring for remission or recurrence, suspected immunodeficiency, CD4/CD8 ratio (FIV+ cats), other.