



# Lab Services Ltd

## Cytology Request Form

Tel 01923 252800

E-mail lab@labservices.uk.com

Owner	
Patient Name	
Species	Breed
Age	Sex

Practice Stamp	
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### Slide(s) submitted

Number .....

Site(s) .....

Case Vet
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**Has the patient ever travelled outside the UK?**

**YES/NO**

If YES, where and when?

Sample Date
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### Tube(s) submitted

EDTA  Plain

Bacterial C&S

Fungal culture

### Site(s)

CSF  BAL

Pleural/Thoracic  Tracheal Wash

Peritoneal/Abdominal  Nasal Wash

Pericardial  Prostatic Wash

Synovial Fluid  Cystic Fluid

Bone Marrow  Other

Urine  Cysto

Catheter

Free Catch

Other/Tissue .....

Specify Site .....



Clinical History, including any Current Therapy
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LAB USE ONLY
Filing Reference

# CYTOLOGY PROFILE DETAILS

<b>CY03</b>	<b>Cytology of smears, up to 3 slides</b> Examination of FNAs and Fluid Smear Preparations. Max 1 Site
<b>CY06</b>	<b>Cytology of smears, up to 6 slides</b> Examination of FNAs and Fluid Smear Preparations. Max 2 Sites
<b>CY10</b>	<b>Cytology of smears, 7-10 slides</b> Examination of FNAs and Fluid Smear Preparations. Max 3 Sites
<b>CY15</b>	<b>Cytology of smears, 11-15 slides</b> Examination of FNAs and Fluid Smear Preparations. Max 5 Sites
<b>CY20</b>	<b>Cytology of smears, 16-20 slides</b> Examination of FNAs and Fluid Smear Preparations. Max 5 Sites
<b>CSF</b>	<b>Cytology of Cerebrospinal Fluid</b> Cytocentrifuge Preparation, Cell Count, Total Protein, Smear Examination
<b>SYN</b>	<b>Cytology of Synovial Fluid</b> Direct Smear and Cytocentrifuge Preparation, Cell Count, Total Protein, Smear Examination
<b>THOR</b>	<b>Cytology of Pleural, Peritoneal, Pericardial Effusion</b> Direct Smear and Cytocentrifuge Preparation, Cell Count, Total Protein, Smear Examination
<b>WASH</b>	<b>Cytology of Tracheal Wash, Bronchoalveolar Lavage, Nasal Flush, Prostatic Wash</b> Direct Smear and Cytocentrifuge Preparation, Smear Examination
<b>CYBM</b>	<b>Bone Marrow Cytology, CBC and Histopathology</b> Examination of FNAs, Complete Blood Count and Histopathology
<b>CYUR</b>	<b>Urine Cytology</b> Direct Smear and Cytocentrifuge Preparation, Submitted Smears
<b>CYFLU</b>	<b>Additional Fluid Site(s)</b> Charge per additional site
<b>CYFNA</b>	<b>Additional FNA Site(s)</b> Charge per additional site
<b>AC&amp;S</b>	<b>Add C&amp;S to Cytology</b> Aerobic ± Anaerobic Bacterial Culture as appropriate. Antimicrobial Susceptibility Testing



## Lab Services Ltd

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