BLUE OASIS
VETERINARY CLINIC

CYTOLOGY REFERRAL FORM

Please be so kind and fill this form and send it by email (frontdesk@bovc.ae) or by fax (04-884-8550) to our clinic prior to the appointment date/time.

CLINIC'S INFORMATION

Referring Clinic:
Phone:
Email:
Fax:
Referring Veterinarian:
Direct Contact:

PATIENT'S INFORMATION

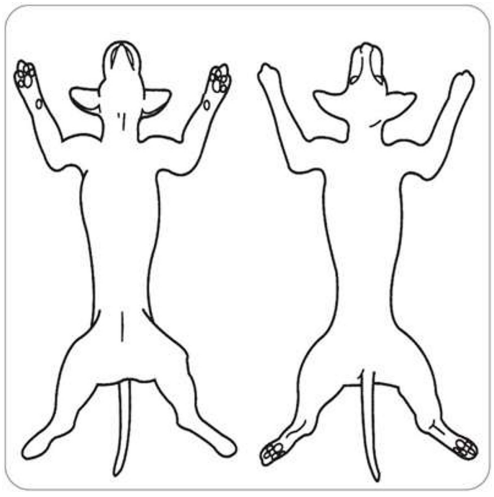
Patient Name:
Species:
Breed :
Sex:
Date of Birth:
Weight:

SAMPLE INFORMATION No. of samples submitted: _____ Date of Sampling : _____

Type of Sample	Technique of Sampling
☐ Bump ☐ Flat Lesion ☐ Internal Mass ☐ Lump ☐ Lymph Node ☐ Organ ☐ Fluids ☐ BAL ☐ Others_____	☐ Ultrasound Guided ☐ Squash/Compression ☐ FNA with Aspiration ☐ Impression ☐ FNA w/o Aspiration ☐ Brush ☐ Others_____
Organ/Site	**Regional Lymph Node**
	Enlarged? ☐ Yes ☐ No Aspirated? ☐ Yes ☐ No

Gross Description: *(size, shape, color, tissue involved, mobility/fixation, hard, soft, fluid filled, subcutaneous, cutaneous, dermal, intradermal, solitary, multiple...)*

Clinical History:



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