

Fluid Cytology Submission Form

Lab Use Only
AHDC Accession Number and Date:

Contact Information

Cornell
Animal Health Diagnostic Center

College of Veterinary Medicine
Cornell University
In partnership with the NYS Department
of Ag. & Markets

USPS Service Address
PO Box 5786
Ithaca NY 14852-5786

FedEx/UPS Service Address
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Ithaca NY 14853

Phone: (607) 253-3900
Fax: (607) 253-3943
Email: diagcenter@cornell.edu
vet.cornell.edu/ahdc

Go Green

Complete this submission form online instead by
visiting bit.ly/ahdc-portal

Submission Information

Please complete all fields, print legibly and enter only one animal per form.

Is this a STAT submission? Yes <input type="checkbox"/> No <input type="checkbox"/> Info: bit.ly/AHDC-STAT
AHDC Account Number:
Submitting Veterinarian*:
Clinic Name:
Address:
City, State, Zip:
Phone:
Fax:

Your Internal Reference Number:
Owner Name:
Address:
City, State, Zip:
Phone:
County and Town:
NYS Premises ID:

Animal Identification

Name or Identifier Number:
Species:
Breed:
Sex:
Age/Date of Birth:
Sampling Date:

Fluid Cytology Tests Requested

Please check all that apply. Note that slide-only samples like FNAS, LNs, or masses, are not accepted.

- Pleural Fluid
- Pericardial Fluid
- Peritoneal Fluid
- BAL
- Tracheal Wash
- Cerebrospinal Fluid. Specify site: AO Lumbar
- Synovial Fluid. Specify joints:
- Urine. Specify collection method:
- Other Fluid. Specify:

History/Clinical Information

Clinical or Differential Diagnosis:
Has related material been submitted previously for this animal? Yes <input type="checkbox"/> No <input type="checkbox"/> Accession Number:

Clinical Summary

Include imaging findings, appearance, size and lesion distribution, etc.

Click here if continued on back or if additional history is attached.

AHDC USE ONLY	__ FEDEX	__ MAIL	DATE REC'D _____	__ FROZEN	__ DRY ICE
Opened by:	__ FEDEX-GRND	__ PRI MAIL	TIME REC'D _____	__ RM TEMP.	__ COLD PACK
_____	__ UPS-GRND	__ EXP MAIL	DATE SHIPPED _____	__ COOL	__ NONE
	__ UPS-ND	__ OTHER: _____		__ COLD	__ COMMENT:

Terms and Conditions

*The submitting veterinarian is responsible for the requested tests, fees associated with this submission, and to notify the owner of test results.

**If your internal reference number is entered on this form, it will be used to identify this case on the test result form and on the billing statement (max: 17 characters)

Samples submitted for testing become the property of the Animal Health Diagnostic Center and may be tested as part of state and/or federal surveillance programs.

By signing, you agree that the information provided is true to the best of your knowledge and that you agree with our terms and conditions. Read our full terms and conditions online by visiting bit.ly/AHDC-TC. **SIGN HERE:**

Clinical Summary (Continued):