

**University of Minnesota
Veterinary Flow Cytometry
Submission Form**

Shipping Address:
UMN Veterinary Medical Center-Clinical Pathology Laboratory
Attn: Kim Little
1365 Gortner Avenue St. Paul, MN 55108

1. Clinic and Clinician Information

Veterinarian _____ Clinic name _____
 Email _____ Street Address _____
 Phone _____ City _____
 Fax _____ State _____ Zip Code _____

2. Patient Information

Patient Name _____ Breed _____
 Last Name _____ DOB or Age _____
 Clinic Number _____ Sex M F Neutered
 Species Canine Feline

3. History

Narrative:

Previous diagnosis of lymphoid neoplasia? Y N Type (if known): _____

PE findings:	Y	N	Unknown	Lab findings:	Y	N	Unknown	Value
Lymphadenopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hypercalcemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Splenomegaly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hyperglobulinemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hepatomegaly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lymphocytosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mediastinal mass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Atypical cells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pleural effusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cytopenias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Peritoneal effusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other				_____

INSTRUCTIONS

1. Select sample source
2. Provide sampling date
3. Choose additional cytology (see service summary for additional cost)
4. Note that peripheral blood samples require recent CBC data (see below)

1. Sample Information 2. Date of Sampling:

Source	Sampling site	Flow sample requirements	Additional Cytology	Yes
LN or tissue aspirate	_____	Serum tube (See instructions)	+ 2-5 unstained slides	<input type="checkbox"/>
Effusion	_____	EDTA (purple top tube)	+ 1 additional EDTA tube	<input type="checkbox"/>
Bone marrow	_____	EDTA (purple top tube)	+ 2-5 unstained slides	<input type="checkbox"/>
Peripheral blood**	_____	EDTA (purple top tube)		

****Flow cytometry on peripheral blood requires a CBC within 48 hours of sampling. Please choose 1 of the following:**
 CBC data will be included, faxed, or emailed Perform CBC at UMN (must include a 2nd EDTA tube)

Questions? Contact Davis Seelig or Jen Granick: vetflow@umn.edu (612-626-0471)

Sample ID # _____

Sample Processing Date: _____