



Submission Form

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Clinic/Practice Name _____ Vet Name _____

Pet or Animal ID(s)/Name(s) _____

Species Canine Feline Breed _____ Sex M M-Neut F F-Neut

Age _____ Yr M D Weight _____ Kgs Lbs

Specimen Type	Collection Date	Test Code	Test Name

Clinical History _____

Clinical or Tentative Diagnosis _____

2. Cytology (Evaluated By American Board Certified Veterinary Pathologists)

- a. Cytology Cytology – bone marrow
- b. Method of collection: FNAC Impression Scrape c. Location _____ d. Size _____
- e. Growth Pattern: Expansion Invasion Pedunculation f. Consistency: Soft Hard Cystic
- g. Rate of growth _____ h. History of recurrence: Yes No

3. Histopathology (Evaluated By American Board Certified Veterinary Pathologists)

- a. Method of collection: Incisional Excisional Punch Tru-cat
- b. Location _____ c. Size _____
- d. Growth Pattern: Expansion Invasion Pedunculation e. Consistency: Soft Hard Cystic
- f. Rate of growth _____ g. History of recurrence: Yes No

Signature & Seal of the submitting Veterinarian

Any questions? Please contact
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