

Submitting person (Owner)

Clinical Pathology

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Dokumentennr.:	Seite
2.1-163	1/2
Änderungsdatum:	Version
01.03.23	2.3

Submission Form - Cytology

Please complete all obligatory boxes"!

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*Submitting person Laboratory reports are transmitted automatically.	*Owner: Laboratory reports are transmitted automatically.							
	*)First and Last name							
	*)Date of birth							
	*)Address, Zip code, City							
Date:	*)Phone number							
Date.	*)E-Mail							
*) Invoice recipient (if other than submitting person): Invoices are transmitted automatically.								
*)E-Mail								
	"Signature of invoice recipient							
□ I hereby declare that the fees incurred from Clinical Pathology will be charged directly to me!*) □ I do not wish to receive invoices by e-mail.								
*)Animal								
Species: O Dog O Cat O Horse O Cattle O Dome	estic animal O Other:							
Breed: Name:	Sex: O Male O Female O Castrated							
Age: or estimated age:								
*)Sample								
O Blood O Plasma O Serum O Urine O CSF O Fa	aeces O Slides							
O Effusion:O Other:								
Anamnesis (Diagnosis, Treatment):								
PRIVACY STATEMENT								
Submitting person (Veterinarian, Clinic, Organisation)								
☐ I hereby agree that the Veterinary University of Vienna processes the personal data provided for the purpose of the performance of laboratory services for the animals owned by my customers, and for the same reason, if requested, also submits these data to partner laboratories. I confirm that the data that I have provided have been consistently processed in accordance with the currently applicable version of the data protection regulations and that I am authorised to transfer the data to the Veterinary University of Vienna. We are unable to fulfil our services offered without these data and your consent to their processing!								

☐ I hereby agree that the Veterinary University of Vienna processes the personal data provided for the purpose of the performance of laboratory services for the animal that I own, and for the same reason, if requested, also submits these data to partner laboratories.

We are unable to fulfil our services offered without these data and your consent to their processing!

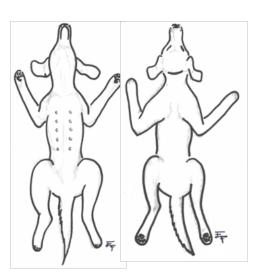
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Cytology

0	Cytology	27,10 €	O CSF	37,90 €
	(4-6 Slides/site)		(cell count, if necessary cytology, pH, Blood,	
0	Effusion (Abdomen, Thorax, Pericard)	37,90 €	Pandy, Nonne Appelt, Osmolality, Gluc, TP)	
	(Cell count, cytology, TP, LDH)		O Bone Marrow	37,90 €
0	Synovia	37,90 €	O Lymph Node	32,50 €
	(Cell count, Cytology, Mucin, Gluc, TP)		O TBS/BAL	27,10 €

Biopsy

Specimen:	0	FNAB	0	Imprint	0	Swab	0	Blood sm	near	
Location:										
Number of Slides:										
Gross appearance	e:									
Size Ø:	0	<0.5cm	0	0.5-2cm	0	>2cm				
Consistency:	0	soft	0	elastic	0	solid	0	hard	0	fluctuating
Surface:	0	smooth	0	uneven	0	hairless	0	reddened	0	ulcerated
Demarcation:					0	good	0	bad		
Fixed to skin:					0	yes	0	no		
Fixed to subcutaneous tissue:					0	yes	0	no		
Pain:					0	yes	0	no		
Growth rate:					0	rapid	0	slow	0	non



VENTRAL DORSAL Figure applies to all animal species

Special Analysis (only after advance notice by telephone)

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0	Flow Cytometry Dog (cat, horse)	130,10 €	Sample
			O FNA lymph. tissue (in PBS-Genta)
0	PCR for Antigen receptor rearrangement (PARR)	130,10 €	O EDTA-whole blood
	dog/cat; Slides (stained/unstained NOT covered)		O Bone Marrow in EDTA-tube
			O Effusion
0	PARR of Paraffin-embedded tissues	140,90 €	O DNA-Extract
	Dog/cat; Histo-Slides		O Slides (ONLY PARR)
0	c-KIT somatic mutation analysis	195,10 €	
	dog; slides (stained/unstained NOT coversliped)		
0	c-KIT somatic mutation analysis	206,00 €	
	of paraffin embedded tissue		
	dog; histopathology material		
0	Paguage for Ennandorf tubes		

O Request for Eppendorf tubes

Eppendorf tubes with PBS-Genta can be provided for the submission of FNA lymphatic tissue.

ATTENTION! Sample material for flow cytometry must be received within 24 hours of collection and kept at 4°C. Samples must be submitted before 12am.