

Submission Form - Cytology

Please complete all obligatory boxes*)!

<p>*) Submitting person <i>Laboratory reports are transmitted automatically.</i></p> <p>Date:</p>	<p>*) Owner: <i>Laboratory reports are transmitted automatically.</i></p> <p>*) First and Last name</p> <p>*) Date of birth</p> <p>*) Address, Zip code, City</p> <p>.....</p> <p>*) Phone number</p> <p>*) E-Mail</p>
<p>*) Invoice recipient (if other than submitting person): <i>Invoices are transmitted automatically.</i></p> <p>*) E-Mail</p> <p style="text-align: right;">*) Signature of invoice recipient</p> <p><input type="checkbox"/> I hereby declare that the fees incurred from Clinical Pathology will be charged directly to me! *)</p> <p><input type="checkbox"/> I do not wish to receive invoices by e-mail.</p>	
<p>*) Animal</p> <p>Species: <input type="radio"/> Dog <input type="radio"/> Cat <input type="radio"/> Horse <input type="radio"/> Cattle <input type="radio"/> Domestic animal <input type="radio"/> Other:</p> <p>Breed: Name: Sex: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Castrated</p> <p>Age: or estimated age:</p>	
<p>*) Sample</p> <p><input type="radio"/> Blood <input type="radio"/> Plasma <input type="radio"/> Serum <input type="radio"/> Urine <input type="radio"/> CSF <input type="radio"/> Faeces <input type="radio"/> Slides</p> <p><input type="radio"/> Effusion: <input type="radio"/> Other:</p>	
<p>Anamnesis (Diagnosis, Treatment):</p>	

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!

Submitting person (Owner)

- ☐ 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!

