

| | |
|-----------|---|
| CLINIC : | OWNER : |
| PHONE : | PATIENT (ID): |
| E-MAIL : | SPECIES : <input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> OTHER |
| DOCTOR : | BREED : SEX: <input type="checkbox"/> F <input type="checkbox"/> NF <input type="checkbox"/> M <input type="checkbox"/> NM |
| REQUEST : | AGE : (Birth/ Y M) |
| | SENDER: |

1933 Lymphoma PCR

Sample source

History Checklist (please help us by either including a copy of the record, or filling in this section; mark “absent” if imaging, PE or blood work does not show the clinical sign, “unknow” if that aspect of the patient hasn’t been examined).

| <i>PE abnormalities</i> | <i>Present</i> | <i>Absent</i> | <i>Unknown</i> | <i>Laboratory abnormalities</i> | <i>Present</i> | <i>Absent</i> | <i>Unknown</i> |
|---|------------------------------|-----------------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|
| Peripheral lymphadenopathy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Hypercalcemia | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Visceral/abdominal lymphad | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Hyperglobulinemia | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Splenomegaly/abnormality | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Lymphocytosis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hepatomegaly/abnormality | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Blasts in blood | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mediastinal mass | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Anemia | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pleural effusion | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Thrombocytopenia | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Peritoneal effusion | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Clinically healthy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | Patient on chemotherapy or steroids? Yes ___ No ___ | | | |
| Lymphoid neoplasia confirmed by cytology or histology | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | Please include details | | | |

(please include a copy of the path report)

History (history of infectious disease, autoimmune disease, neoplasia, PE abnormalities) and notes to the laboratory about combining samples