

# Clinical Immunology Submission Form

This is a RESEARCH sample and was sent at the request of the Clinical Immunology Laboratory

Patient Information	Clinic Information
Last name: _____	Clinic name: _____
Patient name: _____	Clinic street address: _____
Clinic patient number: _____	_____
Species: cat <input type="checkbox"/> dog <input type="checkbox"/> other _____	City: _____ State: _____ Zip: _____
Breed: _____	Phone: _____ Fax: _____
Date or year of birth: _____	Clinic email _____
Sex: FI <input type="radio"/> FS <input type="radio"/> MI <input type="radio"/> MC <input type="radio"/>	Veterinarian: _____
	Vet email: _____

**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, "unknown" if that aspect of the patient hasn't been examined).

<u>PE abnormalities</u>	<u>Present</u>	<u>Absent</u>	<u>Unknown</u>	<u>Laboratory abnormalities</u>	<u>Present</u>	<u>Absent</u>	<u>Unknown</u>
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			
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

**Sample Information** Abbreviations: PARR – PCR for antigen receptor rearrangements, Flow = flow cytometry, ICC = immunocytochemistry

Blood sample  For all other sample types use boxes below     Date of sample \_\_\_\_\_     Test requested (see above for abbreviations)  
PARR      Flow      ICC

If flow cytometry on blood is requested we need a CBC within 48 hours of sample. Please check one  
Copies are included or will be faxed      Do a CBC at CSU      *Include a fresh blood smear and a second EDTA tube!!*

<u>Other sample type</u>	<u>Site</u>	<u>Date of sample</u>	<u>Test requested (see above for abbreviations)</u>
Aspirate	_____	_____	PARR <input type="checkbox"/> Flow <input type="checkbox"/> ICC <input type="checkbox"/> Cytology review <input type="checkbox"/>
Bone marrow	<input type="checkbox"/> _____	_____	PARR <input type="checkbox"/> Flow <input type="checkbox"/> ICC <input type="checkbox"/> Cytology review <input type="checkbox"/>
Biopsy	_____	_____	PARR <input type="checkbox"/> Flow <input type="checkbox"/> ICC <input type="checkbox"/> Cytology review <input type="checkbox"/>
Cavity fluid	_____	_____	PARR <input type="checkbox"/> Flow <input type="checkbox"/> ICC <input type="checkbox"/> Cytology review <input type="checkbox"/>
CSF	<input type="checkbox"/> _____	_____	PARR <input type="checkbox"/> Flow <input type="checkbox"/> ICC <input type="checkbox"/> Cytology review <input type="checkbox"/>
Other	_____	_____	PARR <input type="checkbox"/> Flow <input type="checkbox"/> ICC <input type="checkbox"/> Cytology review <input type="checkbox"/>

*If multiple samples, indicate in the "history" field if you want these samples tested separately or combined*

**For laboratory use:**

8/18/2011 11:21 AM

