

## Digital Cytology Submission Form

Please send digital images and submission form to:

[digitalcytology@tvmidl.tamu.edu](mailto:digitalcytology@tvmidl.tamu.edu)

Submit glass slides and this submission form to the address below (included in fee). USPS is not recommended.

Digital cytology Accession Number (for submission of glass slides):

College Station Lab	Lab Use ONLY
1 Sippel Road College Station, TX 77843 979-845-3414	

Owner Information		Submittor Information	
First Name		Account #	
Last Name		Clinic Name	
Address		Address	
City, State, Zip		City, State, Zip	
Phone Number		Phone Number	
Patient Information			
Name			
Species			
Sex, Age, Breed			

Tissue Aspirate Samples	
Note: Please include low & high magnification images	
Number of images submitted	
Source (i.e. mass, lymph node)	
Brief description of lesion	
Please select one: Dermal____ Subcutaneous____ Internal____	
Size (i.e. 3 cm or grape-sized)	
Location (i.e. shoulder, mammary area)	
Radiographic or ultrasonographic findings (if applicable)	
Other pertinent descriptions	
Pertinent clinical history (if applicable)	

Fluid / Blood Samples	
Note: Please include pictures of the monolayer & feathered edge	
Number of images submitted	
Source	
Gross description of fluid (color and transparency)	
Total protein of fluid (if available)	
Pertinent clinical findings	

See website and/or digital cytology handout for additional information: [tvmidl.tamu.edu](http://tvmidl.tamu.edu)

*All samples submitted to TVMDL for testing become the property of the agency and may be tested as part of state/federal surveillance programs, utilized for research purposes and/or development of new assays. TVMDL is unable to return samples to the client unless prior arrangements are made and approved by the agency Director or designee.*