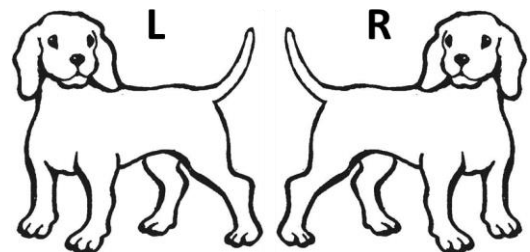

Clinic:
Case ID (your clinic's unique patient identifier):
Clinician:
Client:
Patient:
Species:
Breed:
DOB (or estimate of age in years or general age group):
Sex :
Type (aspirate/impression/scraping/fluid/csf/blood/bone marrow/urine):
of slides:
Collection date:

Sites:

History:

Miscellaneous:



Date submitted:
