

**Category 1 Material**

Samples for diagnostics or research

To:

Zentrallabor

Klinik für Kleintiere

Prof. Dr. med. vet. A. Moritz

Frankfurter Straße 114

35392 Gießen

**Referring Veterinarian/Clinic:**

Date: \_\_\_\_\_

**Request for cytological examination****Name (animal):****Species:****Breed:****Owner:****Age/date of birth (animal):****Geschlecht:** m  mn  f  fn **Sample:** \_\_\_\_\_**Localisation:** \_\_\_\_\_**Number of slides:** (please always include unstained slides)stained slides:  unstained slides: **Patient history:**

(For effusions and CSF, please indicate cell count and protein content)

**Report of results via**Fax: E-Mail: **Fax/E-Mail:** \_\_\_\_\_