



VETERINARY TEACHING HOSPITAL CLINICAL LABORATORIES

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RESEARCH SPECIMEN SUBMISSION FORM FOR CYTOLOGIES

**IMPORTANT: Please contact Jana Fletcher, Laboratory Supervisor to discuss sample submission and fees PRIOR to sample submission
TEL: 614-292-7951 or email: fletcher.51@osu.edu**

Contact Information information

Principal Investigator:
Contact Person:

Policy on Research Cytologies

In an effort to provide high quality research results, the following policy is in place for research cytologies:

- Fluid cytologies including cavity fluid, cerebrospinal fluid, and joint fluid can be submitted for cell counts, specific gravity, and protein determination. For joint fluid, a mucin clot test will be included. Slides will be prepared, stained and coverslipped.
- Cytologic evaluation of cytologic specimens will need to be arranged as collaboration with a clinical pathologist or clinical pathology resident.
- Collaborating with an individual clinical pathologist to read all the slides from an individual study has a number of advantages to the PI. The PI will be able to draw on the expertise of the clinical pathologist in the design of sampling protocols as well as in evaluation, analysis and interpretation of cytologic data. Consistency of results is enhanced by eliminating inter-observer variation.

All arrangements for submission of research cytologies must be done with the clinical laboratory supervisor and the clinical pathologist prior to starting the study in order to facilitate study design and scheduling of sample submissions.

Cytologic Evaluation

Please check one of the following:

Cytologic evaluation will be performed by the following clinical pathologist or clinical pathology resident at the veterinary teaching hospital laboratory (Provide name of clinical pathologist or resident with whom arrangements for cytologic evaluation have been made):

Cytologic evaluation will be performed by the principle investigator (slides will be prepared and stained, to be picked up by the principle investigator's laboratory)

LABORATORY USE ONLY:
Laboratory Supervisor Signature: _____
Date of Approval: _____