



The Dermatology Referral Service Ltd

RCVS Recognised Specialist in Veterinary Dermatology

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Cutaneous cytology request form

Please complete and send this form (with your samples) when submitting for cytological interpretation.

Veterinary Surgeon Name	
Practice Name:	
Telephone number:	
Email address:	

Patient Name:	
Owner Name:	
Species & Breed:	
Age:	
Gender:	

Sample submitted

Site sample taken from

Sample type	Stain used (write stain below)	Unstained
Impression smear Y / N		Y / N
Tape strip Y / N		Y / N
Ear cytology Y / N		Y / N

History, clinical signs and current treatment
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