

**Immunophenotyping***Do not freeze the cells**All cells should be preserved in the presence of EDTA*

College of Veterinary Medicine  
 Dept. of Infectious Diseases and Pathology

Patient Information		Clinician Information	
Last Name		Clinician Name	
First Name		Clinic Name	
File number		Address	
Species	C      F		
Breed		City	
Date or Year of Birth		State	Zip
Sex	M      F	Phone	Fax
Castrated/Spayed		Clinic Email	
		Veterinarian	
		Vet Email	

**History**

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**Sample Information**

Sample Type	Site	Date of Sampling	Test Requested
Blood			T:B ratio
Aspirate			CD45
Other			Mast cells (c-kit, ki67)

**Contact**

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**For Lab Use:**

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