

**FOR LAB USE ONLY**  
**DO NOT WRITE IN THIS SPACE**

**Diagnostic Laboratory Services • College of Veterinary Medicine**  
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OWNER NAME		OWNER ID	DATE:
OWNER ADDRESS			VETERINARIAN
OWNER CITY/STATE/ZIP			CLINIC NAME
HOME PHONE	WORK PHONE	CELL PHONE	CLINIC ADDRESS
ANIMAL I.D.	SPECIES	BREED	CLINIC CITY/STATE/ZIP
SEX	AGE / DOB	COLOR / MARKINGS	CLINIC E-MAIL ADDRESS
BILL TO: <input type="checkbox"/> RESEARCH <input type="checkbox"/> OWNER <input type="checkbox"/> CLINIC			CLINIC PHONE      CLINIC FAX
RESEARCH PROJECT NAME			BANNER ACCOUNT #      CONTACT

#	√	SAMPLE TYPE	SITE / TYPE, IF APPLICABLE	#	√	SAMPLE TYPE	SITE / TYPE, IF APPLICABLE
	<input type="checkbox"/>	ANIMAL			<input type="checkbox"/>	HAY	
	<input type="checkbox"/>	BLOOD CULTURE			<input type="checkbox"/>	MILK	
	<input type="checkbox"/>	BLOOD GAS			<input type="checkbox"/>	PLASMA	
	<input type="checkbox"/>	BLOOD SMEAR			<input type="checkbox"/>	PLATES	
	<input type="checkbox"/>	BLOOD (BLUE TOP)			<input type="checkbox"/>	SERUM	
	<input type="checkbox"/>	BLOOD (FDP)			<input type="checkbox"/>	STOMACH CONTENTS	
	<input type="checkbox"/>	BLOOD (GREEN TOP)			<input type="checkbox"/>	SLIDE	
	<input type="checkbox"/>	BLOOD (PURPLE TOP)			<input type="checkbox"/>	SWAB	
	<input type="checkbox"/>	BLOOD (RED TOP)			<input type="checkbox"/>	TISSUE, FRESH	
	<input type="checkbox"/>	CSF			<input type="checkbox"/>	TISSUE, FIXED	
	<input type="checkbox"/>	EGG			<input type="checkbox"/>	TUMOR/MASS	
	<input type="checkbox"/>	FECES			<input type="checkbox"/>	URINE FOR CULTURE	
	<input type="checkbox"/>	FEED OR FORAGE			<input type="checkbox"/>	URINE FOR URINALYSIS	
	<input type="checkbox"/>	FLUID			<input type="checkbox"/>	UROLITH	
	<input type="checkbox"/>	HAIR & SKIN			<input type="checkbox"/>	OTHER:	

<input type="checkbox"/> INDIVIDUAL ANIMAL PROBLEM	<input type="checkbox"/> HERD PROBLEM ⇒ ⇒ ⇒	# IN HERD: _____	RAISED ON OWNER'S PREMISES? _____
		FIRST NOTICED SICK: _____	IF PURCHASED, WHEN? _____
		# SICK, EXCLUDING DEAD: _____	RECENT INTRODUCTION TO HERD? _____
		# DEAD: _____	DATE OF INTRODUCTION: _____

**MEDICAL HISTORY, CLINICAL SIGNS AND OTHER PERTINENT INFORMATION:**

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**VACCINATION HISTORY:**

**FIELD DIAGNOSIS:**

**PLEASE FILL OUT ALL AVAILABLE INFORMATION ON BOTH SIDES OF FORM AND CLEARLY MARK REQUESTED TESTS**

HEMATOLOGY TESTS	CHEMISTRY TESTS	TOXICOLOGY TESTS
<input type="checkbox"/> 0002 CBC, SMALL ANIMAL	<input type="checkbox"/> 0043 PROFILE, S A FULL	<input type="checkbox"/> 8240 AFLATOXIN (TISSUE)
<input type="checkbox"/> 0011 CBC, LARGE ANIMAL (W/FBG)	<input type="checkbox"/> 0044 PROFILE, L A FULL	<input type="checkbox"/> 8270 ANTICOAGULANT SCREEN
<input type="checkbox"/> 0009 CBC W/O DIFFERENTIAL	<input type="checkbox"/> 0047 PROFILE, LYLES	<input type="checkbox"/> 8000 ARSENIC
<input type="checkbox"/> 0006 DIFFERENTIAL ONLY	<input type="checkbox"/> 0028 ALBUMIN	<input type="checkbox"/> 8230 BIOGENIC AMINES
<input type="checkbox"/> 0013 PLATELET COUNT	<input type="checkbox"/> 0026 ALKALINE PHOSPHATASE	<input type="checkbox"/> 8170 BROMIDE
<input type="checkbox"/> 0007 RETICULOCYTE COUNT	<input type="checkbox"/> 0021 ALT (SGPT)	<input type="checkbox"/> 8030 CHOLINESTERASE, BLOOD
<input type="checkbox"/> 0112 WBC	<input type="checkbox"/> 0057 AMMONIA	<input type="checkbox"/> 8040 CHOLINESTERASE, EEL
<input type="checkbox"/> 0113 WBC & DIFFERENTIAL	<input type="checkbox"/> 0029 AMYLASE	<input type="checkbox"/> 8050 CHOLINESTERASE INHIBITION
<input type="checkbox"/> 0008 PCV	<input type="checkbox"/> 0022 AST (SGOT)	<input type="checkbox"/> 8020 CHOLINESTERASE, TISSUE ( $\Delta$ pH)
<input type="checkbox"/> 0014 PLASMA PROTEIN	<input type="checkbox"/> 0031 BILIRUBIN, DIRECT (TBIL REQ)	<input type="checkbox"/> 8335 COPPER
<input type="checkbox"/> 0073 FIBRINOGEN	<input type="checkbox"/> 0030 BILIRUBIN, TOTAL	<input type="checkbox"/> 8010 CYANIDE
<input type="checkbox"/> 0012 KNOTT'S TEST	<input type="checkbox"/> 0107 BLOOD GAS	<input type="checkbox"/> 8280 DRUG SCREEN
<input type="checkbox"/> 0001 BUFFY COAT	<input type="checkbox"/> 0024 BUN	<input type="checkbox"/> 8190 FUMONISIN
<input type="checkbox"/> 0003 BLOOD PARASITES	<input type="checkbox"/> 0032 CALCIUM	<input type="checkbox"/> 8340 IRON
	<input type="checkbox"/> 0033 CHOLESTEROL	<input type="checkbox"/> 8070 LEAD (TISSUES/FLUIDS)
<b>COAGULATION TESTS</b>	<input type="checkbox"/> 0034 CK	<input type="checkbox"/> 8345 MAGNESIUM (TOX)
<input type="checkbox"/> 0104 COAGULATION PROFILE	<input type="checkbox"/> 0115 CORTISOL	<input type="checkbox"/> 8080 MYCOTOXINS
<input type="checkbox"/> 0069 PROTHROMBIN TIME	<input type="checkbox"/> 0125 CORTISOL, 2 SAMPLES	<input type="checkbox"/> 8100 NITRATE
<input type="checkbox"/> 0070 APTT	<input type="checkbox"/> 0126 CORTISOL, 3 SAMPLES	<input type="checkbox"/> 8120 NITRATES / NITRITES
<input type="checkbox"/> 0071 FDP	<input type="checkbox"/> 0035 CREATININE	<input type="checkbox"/> 8110 NITRITE
<input type="checkbox"/> 0072 D-DIMER	<input type="checkbox"/> 0060 FLUID CALCIUM	<input type="checkbox"/> 8200 pH
<b>SEROLOGY TESTS</b>	<input type="checkbox"/> 0061 FLUID CREATININE	<input type="checkbox"/> 8210 PHENOBARBITAL, TOX
<input type="checkbox"/> 0004 CANINE COOMBS	<input type="checkbox"/> 0068 FLUID GGT	<input type="checkbox"/> 8130 POISONOUS PLANT ID
<input type="checkbox"/> 0005 CROSSMATCH (PER DONOR)	<input type="checkbox"/> 0066 FLUID MAGNESIUM	<input type="checkbox"/> 8150 POTASSIUM, URINE
<input type="checkbox"/> 0086 BLASTOMYCOSIS	<input type="checkbox"/> 0065 FLUID MEASURED OSMO	<input type="checkbox"/> 8160 SODIUM, URINE
<input type="checkbox"/> 0087 HISTOPLASMOSIS	<input type="checkbox"/> 0062 FLUID PHOSPHORUS	<input type="checkbox"/> 8140 STRYCHNINE
<input type="checkbox"/> 0091 OCCULT HEARTWORM	<input type="checkbox"/> 0063 FLUID TOTAL PROTEIN	<input type="checkbox"/> 8400 ZINC
<input type="checkbox"/> 0092 CANINE PARVOVIRUS	<input type="checkbox"/> 0067 FLUID TRIGLYCERIDES	<b>MICROBIOLOGY TESTS</b>
<input type="checkbox"/> 0088 CANINE BRUCELLA	<input type="checkbox"/> 0064 FLUID UREA	<input type="checkbox"/> 1200 AEROBIC CULTURE ONLY
<input type="checkbox"/> 0089 CITE FOAL CHECK IGG	<input type="checkbox"/> 0036 GGT	<input type="checkbox"/> 1205 ANAEROBIC CULTURE ONLY
<input type="checkbox"/> 0090 FELV / FIV COMBO	<input type="checkbox"/> 0037 GLUCOSE	<input type="checkbox"/> 1235 AEROBIC C&S
<input type="checkbox"/> 0127 C. DIFFICILE TOXINS A & B	<input type="checkbox"/> 0129 GLUCOSE TOLERANCE	<input type="checkbox"/> 1215 URINE CULTURE & SENSITIVITY
<b>URINALYSIS/PARASITOLOGY TESTS</b>	<input type="checkbox"/> 0025 LDH	<input type="checkbox"/> 1230 AER C&S & ANA CULTURE
<input type="checkbox"/> 0084 URINALYSIS	<input type="checkbox"/> 0016 LIPASE	<input type="checkbox"/> 1220 AEROBIC ISOLATE ID
<input type="checkbox"/> 0078 FECAL FLOTATION	<input type="checkbox"/> 0017 MAGNESIUM	<input type="checkbox"/> 1225 ANAEROBIC ISOLATE ID
<input type="checkbox"/> 0082 FECAL FLOTATION (EPG)	<input type="checkbox"/> 0110 MEASURED OSMOLALITY	<input type="checkbox"/> 1240 BLOOD CULTURE, AER & ANA
<input type="checkbox"/> 0075 DIRECT SMEAR	<input type="checkbox"/> 0117 PHENOBARBITAL	<input type="checkbox"/> 1250 MILK C&S, INDIVIDUAL
<input type="checkbox"/> 0074 BAERMAN	<input type="checkbox"/> 0018 PHOSPHORUS	<input type="checkbox"/> 1255 MILK CULTURE, BULK TANK
<input type="checkbox"/> 0081 SEDIMENTATION	<input type="checkbox"/> 0116 PROGESTERONE	<input type="checkbox"/> 1260 SALMONELLA C & S
<input type="checkbox"/> 0079 OCCULT BLOOD	<input type="checkbox"/> 0019 TOTAL PROTEIN	<input type="checkbox"/> 1261 SALMONELLA/CAMPY C&S
<input type="checkbox"/> 0076 EXTERNAL PARASITE ID	<input type="checkbox"/> 0118 TOTAL T4	<input type="checkbox"/> 1268 ADDITIONAL ID AND MIC
<input type="checkbox"/> 0077 INTERNAL PARASITE ID	<input type="checkbox"/> 0023 TRIGLYCERIDES	<input type="checkbox"/> 1238 ID & KB SENSITIVITY/ORG
<input type="checkbox"/> 0083 IFA GIARDIA/CRYPTO	<input type="checkbox"/> 0103 URINE PROTEIN/CREAT RATIO	<input type="checkbox"/> 1234 RESISTANT PANEL
<b>PATHOLOGY TESTS</b>	<input type="checkbox"/> 0106 URINE TOTAL PROTEIN	<input type="checkbox"/> 1270 GRAM STAIN
<input type="checkbox"/> 6200 BIOPSY		<input type="checkbox"/> 1275 ACID FAST STAIN
<input type="checkbox"/> 6220 MARGINS CHECK	<b>CYTOLOGY TESTS</b>	<input type="checkbox"/> 1280 DARKFIELD MICROSCOPY
<input type="checkbox"/> 6300 IHC PROFILE	<input type="checkbox"/> 5000 CSF ANALYSIS	<b>MYCOLOGY TESTS</b>
<input type="checkbox"/> 6235 RES, EMBEDDING ONLY (#: ___)	<input type="checkbox"/> 5010 ABDOMINAL FLUID ANALYSIS	<input type="checkbox"/> 1300 DERMATOPHYTE CULTURE
<input type="checkbox"/> 6230 RESEARCH, H&E (# SLIDES: ___)	<input type="checkbox"/> 5015 PERICARDIAL FLUID ANALYSIS	<input type="checkbox"/> 1310 FUNGAL CULTURE
<input type="checkbox"/> 6016 NECROPSY, <= 200 lbs	<input type="checkbox"/> 5020 SYNOVIAL FLUID ANALYSIS	<input type="checkbox"/> 1355 KOH PREP
<input type="checkbox"/> 6017 NECROPSY, > 200 lbs (Rum/Por)	<input type="checkbox"/> 5021 EQ SYNOVIAL FLUID ANALYSIS	<input type="checkbox"/> 1360 LPCB PREP
<input type="checkbox"/> 6218 NECROPSY, > 200 lbs (Eq/Exotic)	<input type="checkbox"/> 5025 THORACIC FLUID ANALYSIS	<input type="checkbox"/> 1350 INDIA INK PREP
<input type="checkbox"/> 6020 NECROPSY, SA (Legal/Insurance)	<input type="checkbox"/> 5030 BONE MARROW ANALYSIS	<b>MISCELLANEOUS TESTS (List each separately)</b>
<input type="checkbox"/> 6025 NECROPSY, L A (Legal/Insurance)	<input type="checkbox"/> 5035 BRONCHIAL WASH ANALYSIS	
<input type="checkbox"/> 6049 TISSUE ACCESS – RABIES	<input type="checkbox"/> 5040 NASAL WASH ANALYSIS	
<input type="checkbox"/> 6100 S A CREMATION-ashes requested	<input type="checkbox"/> 5045 PROSTATIC WASH ANALYSIS	
<input type="checkbox"/> 6110 L A CREMATION-ashes requested	<input type="checkbox"/> 5050 TTW ANALYSIS	
<input type="checkbox"/> 6120 L A CREMATION-no ashes	<input type="checkbox"/> 5055 ASPIRATE SLIDE ANALYSIS	
<input type="checkbox"/> 6180 CREMATION URN	<input type="checkbox"/> 5060 DIRECT SMEAR ANALYSIS	
	<input type="checkbox"/> 5065 IMPRINT SLIDE ANALYSIS	
	<input type="checkbox"/> 5070 BLOOD SMEAR ANALYSIS	