

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



**MISSISSIPPI STATE UNIVERSITY™**  
**COLLEGE OF VETERINARY MEDICINE**

**Diagnostic Laboratory Services**  
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**www.cvm.msstate.edu**

OWNER NAME:		OWNER ID:	DATE/TIME COLLECTED:
ADDRESS:		VETERINARIAN:	
CITY/STATE/ZIP:		CLINIC NAME:	
PHONE:	EMAIL:	ADDRESS:	
ANIMAL NAME/ID:	SEX:	AGE:	CITY/STATE/ZIP:
SPECIES:	BREED:	E-MAIL:	
BILL TO:	<input type="checkbox"/> RESEARCH	<input type="checkbox"/> OWNER	<input type="checkbox"/> CLINIC
PHONE:		FAX:	

RESEARCH PROJECT NAME/BANNER ACCOUNT NUMBER:

#	√	SAMPLE TYPE	SITE / TYPE, IF APPLICABLE	#	√	SAMPLE TYPE	SITE / TYPE, IF APPLICABLE
	<input type="checkbox"/>	BLOOD			<input type="checkbox"/>	SWAB	
	<input type="checkbox"/>	BODY			<input type="checkbox"/>	TISSUE, FRESH	
	<input type="checkbox"/>	FLUID			<input type="checkbox"/>	TISSUE, FIXED	
	<input type="checkbox"/>	HAIR & SKIN			<input type="checkbox"/>	URINE	
	<input type="checkbox"/>	SLIDE			<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: _____

**DIED/EUTHANIZED?** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**ZOONOTIC PATHOGEN SUSPECTED?** \_\_\_\_\_

**RABIES VACCINATION DATE:** \_\_\_\_\_ **ADMINISTERED BY:** \_\_\_\_\_

**HISTORY**

CLINICAL SIGNS:

HOUSING/ENVIRONMENT/FEED:

VACCINATIONS:

TREATMENTS:

TENTATIVE/DIFFERENTIAL DIAGNOSIS:

NOTES/COMMENTS:

**\*NOTE\*: UNLESS OTHERWISE DIRECTED IN WRITING ABOVE, REMAINS OF ANIMALS SUBMITTED FOR NECROPSY ARE DISPOSED OF UPON COMPLETION OF GROSS NECROPSY.**

HEMATOLOGY TESTS	CHEMISTRY TESTS	REFERRAL TESTS
<input type="checkbox"/> 0002 CBC, SMALL ANIMAL	<input type="checkbox"/> 0043 PROFILE, S A FULL	<input type="checkbox"/> 10279 ALLERGY TEST, 40 CUSTOM
<input type="checkbox"/> 0011 CBC, LARGE ANIMAL (W/FBG)	<input type="checkbox"/> 0044 PROFILE, L A FULL	<input type="checkbox"/> 10418 ANTICOAGULANT SCREEN
<input type="checkbox"/> 0101 CBC, CHEMO	<input type="checkbox"/> 0047 PROFILE, LYLES	<input type="checkbox"/> 10584 BROMIDE
<input type="checkbox"/> 0009 CBC W/O DIFFERENTIAL	<input type="checkbox"/> 0142 ACTH STIMULATION, CANINE	<input type="checkbox"/> 10166 BRUCELLA, BOVINE
<input type="checkbox"/> 0006 DIFFERENTIAL ONLY	<input type="checkbox"/> 0028 ALBUMIN	<input type="checkbox"/> 10327 BVD, CERTIFICATION
<input type="checkbox"/> 0013 PLATELET COUNT	<input type="checkbox"/> 0026 ALKALINE PHOSPHATASE	<input type="checkbox"/> 10080 COGGINS, FIRST
<input type="checkbox"/> 0007 RETICULOCYTE COUNT	<input type="checkbox"/> 0021 ALT (SGPT)	<input type="checkbox"/> 10292 COGGINS, ADDITIONAL
<input type="checkbox"/> 0112 WBC	<input type="checkbox"/> 0057 AMMONIA	<input type="checkbox"/> 10047 CORTISOL, 2 SAMPLES
<input type="checkbox"/> 0113 WBC & DIFFERENTIAL	<input type="checkbox"/> 0048 ANESTHESIA PANEL, SMALL ANIMAL	<input type="checkbox"/> 10046 DISTEMPER, SERUM & CSF
<input type="checkbox"/> 0008 PCV	<input type="checkbox"/> 0045 ANESTHESIA PANEL, LARGE ANIMAL	<input type="checkbox"/> 10121 DRUG SCREEN
<input type="checkbox"/> 0014 PLASMA PROTEIN	<input type="checkbox"/> 0022 AST (SGOT)	<input type="checkbox"/> 10404 EQUINE HERPES, PCR
<input type="checkbox"/> 0073 FIBRINOGEN	<input type="checkbox"/> 0353 BILE ACIDS, PRE/POST	<input type="checkbox"/> 10102 FEED ANALYSIS
<input type="checkbox"/> 0012 KNOTT'S TEST	<input type="checkbox"/> 0031 BILIRUBIN, DIRECT (TBIL REQ)	<input type="checkbox"/> 10531 GIARDIA/CRYPTO, FA
<input type="checkbox"/> 0001 BUFFY COAT	<input type="checkbox"/> 0030 BILIRUBIN, TOTAL	<input type="checkbox"/> 10288 JOHNE'S (ELISA)
<input type="checkbox"/> 0003 BLOOD PARASITES	<input type="checkbox"/> 0107 BLOOD GAS	<input type="checkbox"/> 10230 LEAD, BLOOD
<input type="checkbox"/> 0104 COAGULATION PROFILE	<input type="checkbox"/> 0024 BUN	<input type="checkbox"/> 10234 MYCOPLASMA CULTURE
<b>URINALYSIS/PARASITOLOGY TESTS</b>	<input type="checkbox"/> 0032 CALCIUM	<input type="checkbox"/> 10587 MYCOTOXINS
<input type="checkbox"/> 0084 URINALYSIS	<input type="checkbox"/> 0033 CHOLESTEROL	<input type="checkbox"/> 10238 RABIES
<input type="checkbox"/> 0078 FECAL FLOTATION	<input type="checkbox"/> 0034 CK	<input type="checkbox"/> 10245 STONE ANALYSIS
<input type="checkbox"/> 0082 FECAL FLOTATION (EPG)	<input type="checkbox"/> 0115 CORTISOL, BASELINE	<input type="checkbox"/> 10174 T4, FREE T4, TSH
<input type="checkbox"/> 0075 DIRECT SMEAR	<input type="checkbox"/> 0035 CREATININE	<input type="checkbox"/> 10175 T4, T3
<input type="checkbox"/> 0074 BAERMAN	<input type="checkbox"/> 0060 FLUID CALCIUM	<input type="checkbox"/> 10248 FREE T4
<input type="checkbox"/> 0079 OCCULT BLOOD	<input type="checkbox"/> 0061 FLUID CREATININE	<input type="checkbox"/> 10534 TICK COMBO PANEL
<input type="checkbox"/> 0076 EXTERNAL PARASITE ID	<input type="checkbox"/> 0068 FLUID GGT	<input type="checkbox"/> 10510 TICK PANEL, NEOSPOA, TOXOPLASMOSIS
<input type="checkbox"/> 0077 INTERNAL PARASITE ID	<input type="checkbox"/> 0066 FLUID MAGNESIUM	<input type="checkbox"/> 10458 TRITRICHOMONAS, PCR
<b>CYTOLOGY</b>	<input type="checkbox"/> 0065 FLUID MEASURED OSMO	<input type="checkbox"/> 10614 TRITRICHOMONAS, PCR & CULTURE
<input type="checkbox"/> 5000 CSF ANALYSIS	<input type="checkbox"/> 0062 FLUID PHOSPHORUS	<input type="checkbox"/> 10306 VIRUS ISOLATION
<input type="checkbox"/> 5010 FLUID ANALYSIS	<input type="checkbox"/> 0063 FLUID TOTAL PROTEIN	<b>MICROBIOLOGY TESTS</b>
SITE: _____	<input type="checkbox"/> 0067 FLUID TRIGLYCERIDES	<input type="checkbox"/> 1235 AEROBIC C&S (INC. ID & SENS OF UP TO 3 ORGANISMS)
<input type="checkbox"/> 5020 SYNOVIAL FLUID ANALYSIS	<input type="checkbox"/> 0064 FLUID UREA (BUN)	<input type="checkbox"/> 1215 URINE C&S (INC. ID & SENS OF UP TO 2 ORGANISMS)
<input type="checkbox"/> 5030 BONE MARROW ANALYSIS	<input type="checkbox"/> 0036 GGT	<input type="checkbox"/> 1200 AEROBIC CULTURE ONLY (INC. ID OF UP TO 2 ORG)
<input type="checkbox"/> 5035 BRONCHIAL WASH ANALYSIS	<input type="checkbox"/> 0037 GLUCOSE	<input type="checkbox"/> 1205 ANAEROBIC CULTURE ONLY
<input type="checkbox"/> 5050 TTW ANALYSIS	<input type="checkbox"/> 0141C HIGH-DOSE DEX SUPPRESSION	<input type="checkbox"/> 1220 AEROBIC ISOLATE ID
<input type="checkbox"/> 5055 CYTOLOGY	<input type="checkbox"/> 0140C LOW-DOSE DEX SUPPRESSION	<input type="checkbox"/> 1225 ANAEROBIC ISOLATE ID
SITE: _____	<input type="checkbox"/> 0017 MAGNESIUM	<input type="checkbox"/> 1230 AEROBIC C&S AND ANAEROBIC CULTURE
<input type="checkbox"/> 5066 LYMPHNODE ANALYSIS (1-3 SITES)	<input type="checkbox"/> 0110 MEASURED OSMOLALITY	<input type="checkbox"/> 1244 BLOOD CULTURE, AEROBIC & ANAEROBIC
<input type="checkbox"/> 5067 LYMPHNODE ANALYSIS (ADDITIONAL)	<input type="checkbox"/> 0117 PHENOBARBITAL	<input type="checkbox"/> 1250 MILK CULTURE/SPEC (ID & SENS BILLED INDIVIDUALLY)
<input type="checkbox"/> 5070 BLOOD SMEAR ANALYSIS	<input type="checkbox"/> 0201 NEURO CHEM PANEL	<input type="checkbox"/> 1255 MILK CULTURE, BULK TANK
<b>PATHOLOGY TESTS</b>	<input type="checkbox"/> 0018 PHOSPHORUS	<input type="checkbox"/> 1260 SALMONELLA C & S
<input type="checkbox"/> 6200 BIOPSY	<input type="checkbox"/> 0116 PROGESTERONE	<input type="checkbox"/> 1234 RESISTANT PANEL / ORGANISM
<input type="checkbox"/> 6220 MARGINS CHECK	<input type="checkbox"/> 0138C THYROID PANEL (TT4, FREE T4, TSH)	<input type="checkbox"/> 1231 K-B SENSITIVITY / ORGANISM
<input type="checkbox"/> 6300 IHC PROFILE	<input type="checkbox"/> 0019 TOTAL PROTEIN	<input type="checkbox"/> 1238 ID & KB SENSITIVITY / ORGANISM
<input type="checkbox"/> 6235 RES, EMBED ONLY (# BL: _____)	<input type="checkbox"/> 0118 TOTAL T4	<input type="checkbox"/> 1268 ID & MIC/ORGANISM
<input type="checkbox"/> 6230 RESEARCH, H&E (# SL: _____)	<input type="checkbox"/> 0023 TRIGLYCERIDES	<input type="checkbox"/> 1266 MIC - COMPANION ANIMAL / ORGANISM
<input type="checkbox"/> 6016 NECROPSY, <= 200 LBS	<input type="checkbox"/> 0103 URINEPROTEIN/CREATINE RATIO	<input type="checkbox"/> 1267 MIC - EQUINE / ORGANISM
<input type="checkbox"/> 6017 NECROPSY, > 200 LBS	<input type="checkbox"/> 0106 URINE TOTAL PROTEIN	<input type="checkbox"/> 1270 GRAM STAIN
<input type="checkbox"/> 6020 NECROPSY, SA (LEGAL/INS)	<b>SEROLOGY TESTS</b>	<input type="checkbox"/> 1275 ACID FAST STAIN
<input type="checkbox"/> 6025 NECROPSY, LA (LEGAL/INS)	<input type="checkbox"/> 0088 CANINE BRUCELLA	<input type="checkbox"/> 1300 DERMATOPHYTE CULTURE
<input type="checkbox"/> 6101 CREMATION 1-30 LBS	<input type="checkbox"/> 0092 CANINE PARVOVIRUS	<input type="checkbox"/> 1310 FUNGAL CULTURE
<input type="checkbox"/> 6102 CREMATION 31-70 LBS	<input type="checkbox"/> 0133 CANINE SNAP PLI	<b>MISCELLANEOUS TESTS (List each separately)</b>
<input type="checkbox"/> 6103 CREMATION >71 LBS	<input type="checkbox"/> 0089 CITE FOAL CHECK IGG	<input type="checkbox"/> _____
<input type="checkbox"/> SPECIAL STAIN	<input type="checkbox"/> 0005 CROSSMATCH (PER DONOR)	<input type="checkbox"/> _____
STAIN TYPE: _____	<input type="checkbox"/> 0090 FELV / FIV COMBO	<input type="checkbox"/> _____
<b>ADDITIONAL INFORMATION:</b>	<input type="checkbox"/> 0091 OCCULT HEARTWORM (4Dx)	<input type="checkbox"/> _____