

CP CLEAR SUBMISSION

STAT

(may incur additional charges)

Previous Case # _____



VETERINARY DIAGNOSTIC LABORATORY

University of Illinois at Urbana-Champaign

PO Box U, 2001 South Lincoln Avenue

Urbana, IL 61802-6178

Tel: (217) 333-1620 Fax: (217) 244-2439

Email: vdloffice@vetmed.illinois.edu

Website: vetmed.illinois.edu/vdl

PRINT

CLEAR ALL

VETERINARIAN _____

CLINIC/HOSPITAL _____

ADDRESS _____

RESULTS FAX EMAIL CLINIC EMAIL VET ONLINE/APP

COPY RESULTS VTH OTHER (NAME WITH FAX OR EMAIL BELOW) _____

SEND SUBMISSION FORMS FEE SCHEDULE

CITY	STATE	ZIP	OWNER NAME
PHONE ()	FAX ()		CITY STATE ZIP
CLINIC EMAIL			BREED AGE
VET EMAIL			SPECIES <input type="checkbox"/> CANINE <input type="checkbox"/> FELINE <input type="checkbox"/> EQUINE <input type="checkbox"/> BOVINE <input type="checkbox"/> PORCINE <input type="checkbox"/> OVINE <input type="checkbox"/> CAPRINE <input type="checkbox"/> AVIAN <input type="checkbox"/> OTHER
P.O./ACCT #/FOP			SEX <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> MC <input type="checkbox"/> FS WEIGHT
FEIN #	<input type="checkbox"/> NEW CLIENT <input type="checkbox"/> UPDATES		ANIMAL ID <input type="checkbox"/> MORE ID'S ON BACK
BILLING COMMENTS (Owner billing not available)			DATE SENT / / <input type="checkbox"/> USPS <input type="checkbox"/> UPS <input type="checkbox"/> FEDEX <input type="checkbox"/> COURIER <input type="checkbox"/> DROP OFF <input type="checkbox"/> OTHER
CONDITIONS SUSPECTED (HISTORY ON PAGE 2)			DATE COLLECTED / / SPECIMEN <input type="checkbox"/> SERUM <input type="checkbox"/> EDTA <input type="checkbox"/> HEPARIN <input type="checkbox"/> SOD CIT <input type="checkbox"/> URINE <input type="checkbox"/> OTHER _____

ADDITIONAL TESTING MAY BE AVAILABLE, CHECK OUR WEBSITE FOR DETAILS

CLINICAL PATHOLOGY • ENDOCRINOLOGY

HEMATOLOGY

- CBC
- Platelet Count
- Avian/Reptile CBC
- Reticulocyte count
- Coomb's Test
- Crossmatch

PANELS

- Canine Panel
CBC, Chem Profile, T4
- Canine Health Panel
CBC, Chem Profile, UA, T4
- Canine Total Health Panel
CBC, Chem Profile, UA, T4, & Canine Snap 4DX
- Feline Panel
CBC, Chem Profile, T4
- Feline Health Panel
CBC, Chem profile, UA, T4
- IMHA Panel (Ca or Fe)
CBC, Coombs, Retic

PROFILES

- Chemistry Profile (Small Animal)
Creatinine, BUN, TP, Albumin, Ca, Phos, Na, K, Cl, HCO3, Cholesterol, Triglycerides, ALP, CALP (canine only), ALT, Glucose, GGT, T Bili
- Chemistry Profile (Large Animal)
Creatinine, BUN, TP, Albumin, Mg, Ca, Phos, Na, K, Cl, HCO3, CK, AST, ALP, Glucose, GLDH, GGT, T Bili, Cholesterol,
- Chemistry Profile (Avian/Reptile)
CK, AST, Albumin, Phos, Glucose, Ca, GLDH
- Electrolyte Profile
Na, K, Cl, Albumin, Ca, Phos, HCO3
- Liver Profile (Small Animal)
ALT, ALP, CALP (canine only), GGT, T Bili, BUN, Glucose, Albumin, Cholesterol
- Liver Profile (Large Animal)
GLDH, AST, ALP, CALP, GGT, T Bili, BUN, Albumin, Cholesterol, TP
- Presurgical Profile
Creat, BUN, TP, Alb, Gluc, ALP, ALT

PROFILES

Renal Profile

Creatinine, BUN, TP, Albumin, Ca, Phos, Na, K, Cl, HCO3, Glucose

OTHER CHEMISTRY TESTS

- GLDH
- Bile Acids Pre Post
- CALP (canine)
CALP & ALP
- CALP Isoenzyme Profile (canine)
CALP, ALP, Bone & Liver Fractions
- Fructosamine
- Magnesium
- Other _____

Note: Any test listed on Chem Profile can be requested as a single test

URINE/FLUID CHEMISTRY

- Electrolytes
Na, K, Cl
- Electrolyte Clearance
Ca, P, Na, K, Cl, Creatinine
Urine and serum required
- Calcium
- Creatinine
- Phosphorus
- Protein
- Protein:Creatinine Ratio
- Triglyceride
- T. Bilirubin
- Urinalysis
Collection Method _____

HEMOSTASIS (REQUIRES SODIUM CITRATE)

- PT PTT
- Fibrinogen FDP (canine)
- Coag Panel (requires Na Cit) PT, PTT, Fib
- Coag Panel w/FDP (canine) (requires Na Cit)
PT, PTT, Fib, FDP
- Coag Panel w/PLT (requires Na Cit & EDTA)
PT, PTT, Fib, PLT
- Coag Panel w/FDP & PLT (canine)
(requires Na Cit & EDTA) PT, PTT, Fib, FDP, PLT

CYTOLOGY/FLUID ANALYSIS

(PROVIDE HISTORY ON REVERSE)

- Cytology
Source _____
- Bone Marrow
- Lymphoma Package (min 5 unstained slides per site)
Cytology, CD79a, CD3
- Smear Exam for Parasites
- Fluid Analysis
Cell Count, Cytology, T Protein, S Gravity
Source _____
- BAL
- Tracheal Wash
- Prostatic Wash

ENDOCRINE AND PHARMACOLOGY

- Cortisol (canine and feline)**
 - ACTH Stim
 - Cortisol
 - HDDS
 - LDDS
- Progesterone (canine)
- T4 (canine and feline)
- TSH (canine)
- Thyroid Profile (canine) T4, TSH
- Bromide
- Phenobarbital

OTHER TESTING

- Canine Snap @ 4DX + heartworm panel
(includes: E. canis, Lyme disease, A. phagocytophilum, A. platys and Dirofilaria immitis)
- Feline Pancreatic Lipase-Snap Test (FPL)
- Canine Pancreatic Lipase-Snap Test (CPL)
- _____

AUTHORIZED SIGNATURE (OPTIONAL) _____

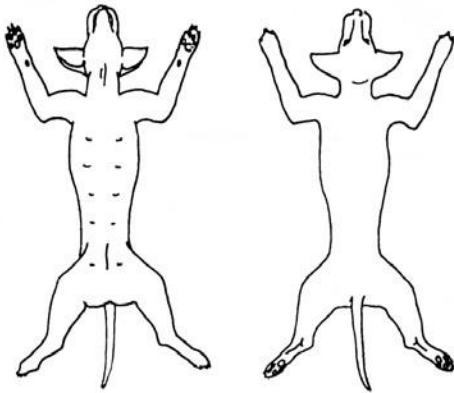
REC'D BY (INITIALS) _____

ACCESSION # _____

Place sticker here

HISTORY OR ADDITIONAL INFORMATION: Indicate signs, duration, stress factors, previous disease, treatments, post-mortem findings, pertinent feed or feed activities, time period animal was on premises, and clinical lab results (attach additional sheets as necessary).

R L L R



VENTRAL

DORSAL

Show distribution of skin lesions in above drawings.

_____ **TOTAL NUMBER OF SAMPLES** **MULTIPLE SPECIMEN IDENTIFICATION** **ACCESSION #** _____

No.	Specimen ID
1	
2	
3	
4	

No.	Specimen ID
5	
6	
7	
8	

Attach Additional Sheets as Necessary

SPECIAL INSTRUCTIONS: