

STAT



ACCESSION #

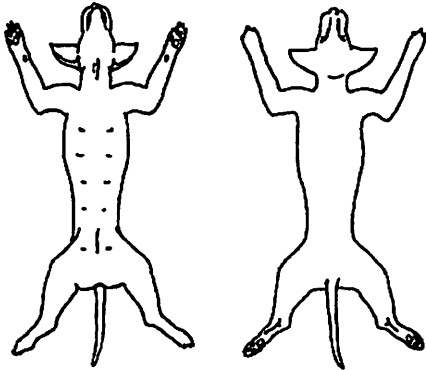
VETERINARIAN		RESULTS <input type="checkbox"/> ONLINE ONLY (REGISTRATION REQUIRED)	
CLINIC/HOSPITAL		EMAIL RESULTS <input type="checkbox"/> CLINIC <input type="checkbox"/> VETERINARIAN <input type="checkbox"/> BOTH	
ADDRESS		COPY RESULTS <input type="checkbox"/> 3RD PARTY _____	
		SEND <input type="checkbox"/> FORMS <input type="checkbox"/> FEE SCHEDULE	
CITY	STATE	ZIP	OWNER NAME
PHONE ()	FAX ()		CITY
			STATE
CLINIC EMAIL			ZIP
VET EMAIL		BREED	AGE
P.O./ACCT #		SPECIES <input type="checkbox"/> CANINE <input type="checkbox"/> FELINE	
FEIN #	<input type="checkbox"/> NEW CLIENT <input type="checkbox"/> UPDATES	<input type="checkbox"/> OTHER SMALL MAMMAL _____	
		SEX <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> MC <input type="checkbox"/> FS	
BILLING COMMENTS (Owner billing not available)		ANIMAL ID <input type="checkbox"/> SEE REVERSE FOR MORE ID'S	
		DATE SENT	<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"/> SODIUM CITRATE
		/ /	<input type="checkbox"/> URINE <input type="checkbox"/> HEPARIN <input type="checkbox"/> OTHER _____

CLINICAL PATHOLOGY

<p>HEMATOLOGY</p> <p><input type="checkbox"/> CBC</p> <p><input type="checkbox"/> Platelet Count</p> <p><input type="checkbox"/> Reticulocyte count</p> <p><input type="checkbox"/> Coomb's Test</p> <p><input type="checkbox"/> PCV/TS</p> <p>PANELS</p> <p><input type="checkbox"/> CBC & General Chemistry Profile</p> <p><input type="checkbox"/> General Panel CBC, Chem Profile, T4*</p> <p><input type="checkbox"/> General Health Panel CBC, Chem Profile, T4*, UA</p> <p><input type="checkbox"/> Canine IMHA Panel CBC, Coombs, Retic</p> <p><input type="checkbox"/> Feline IMHA Panel CBC, Coombs, Retic</p> <p>PROFILES</p> <p><input type="checkbox"/> General Chemistry Profile Creatinine, BUN, T Protein, Albumin, Ca, Phos, Na, K, Cl, HCO3, Cholesterol, Triglycerides, ALP, ALT, Glucose, GGT, T Bili</p> <p><input type="checkbox"/> Pre Surgical Profile ALK, ALT, Albumin, BUN, Creatinine, Glucose, T, Protein</p> <p><input type="checkbox"/> Electrolyte Profile Na, K, Cl, Albumin, Ca, Phos, HCO3</p> <p><input type="checkbox"/> General Liver Profile ALT, ALP, AST, GGT, Glucose, T Bili, BUN, Albumin, Cholesterol, T Protein</p> <p><input type="checkbox"/> Renal Profile Creatinine, BUN, TP, Albumin, Ca, Phos, Na, K, Cl, HCO3, Glucose</p> <p>OTHER CHEMISTRY TESTS</p> <p><input type="checkbox"/> Bile Acids <input type="checkbox"/> Pre <input type="checkbox"/> Post</p> <p><input type="checkbox"/> Creatinine</p> <p><input type="checkbox"/> Fructosamine</p> <p><input type="checkbox"/> Glucose</p> <p><input type="checkbox"/> Other _____</p> <p>Note: Any test listed on Chem Profile can be requested as a single test</p>	<p>URINE/FLUID CHEMISTRY</p> <p><input type="checkbox"/> Electrolytes Na, K, Cl</p> <p><input type="checkbox"/> Electrolyte Clearance Ca, Phos, Na, K, Cl, Creatinine Urine and serum required</p> <p><input type="checkbox"/> Urine Chemistry Profile TP, Creatinine, TP/Creatinine ratio, Ca, Phos</p> <p><input type="checkbox"/> Calcium</p> <p><input type="checkbox"/> Creatinine</p> <p><input type="checkbox"/> Phosphorus</p> <p><input type="checkbox"/> Protein</p> <p><input type="checkbox"/> Protein:Creatinine Ratio</p> <p><input type="checkbox"/> Triglyceride</p> <p><input type="checkbox"/> T. Bilirubin</p> <p><input type="checkbox"/> Urinalysis Collection Method _____</p> <p>HEMOSTASIS (REQUIRES SODIUM CITRATE)</p> <p><input type="checkbox"/> PT</p> <p><input type="checkbox"/> PTT</p> <p><input type="checkbox"/> Fibrinogen</p> <p><input type="checkbox"/> FDP (canine)</p> <p><input type="checkbox"/> Coag Panel (Panel requires Na Cit & EDTA) PT, PTT, Fib, PLT</p> <p><input type="checkbox"/> Coag Panel w/FDP (canine) (Na Cit & EDTA), PT, PTT, Fib, PLT, FDP</p> <p>PHARMACOLOGY</p> <p><input type="checkbox"/> Bromide</p> <p><input type="checkbox"/> Phenobarbital</p> <p>ENDOCRINE* (PERFORMED IN URBANA)</p> <p>Cortisol (canine and feline)</p> <p><input type="checkbox"/> ACTH Stim</p> <p><input type="checkbox"/> Cortisol</p> <p><input type="checkbox"/> HDDS</p> <p><input type="checkbox"/> LDDS</p> <p><input type="checkbox"/> Progesterone (canine)</p> <p><input type="checkbox"/> T4 (canine and feline)</p> <p><input type="checkbox"/> TSH (canine)</p> <p><input type="checkbox"/> Thyroid Profile (canine) T4, TSH</p>	<p>CYTOLOGY/FLUID ANALYSIS (PROVIDE HISTORY ON REVERSE)</p> <p><input type="checkbox"/> Cytology Source _____</p> <p><input type="checkbox"/> Blood Smear</p> <p><input type="checkbox"/> Bone Marrow</p> <p><input type="checkbox"/> Lymphoma Package (Performed in Urbana) (5 slides from one site with or without transport media) Cytology, CD79a, CD3</p> <p><input type="checkbox"/> Smear Exam for Parasites</p> <p><input type="checkbox"/> Fluid Analysis Cell Count, Cytology, T Protein, S Gravity Source _____</p> <p><input type="checkbox"/> BAL</p> <p><input type="checkbox"/> Tracheal Wash – Cytology Only</p> <p><input type="checkbox"/> Prostatic Wash – Cytology Only</p> <p>OTHER TESTING</p> <p><input type="checkbox"/> Canine Snap @ 4DX + heartworm panel (includes: E. canis, Lyme disease, A. phagocytophilum, A. platys and Dirofilaria immitis)</p> <p><input type="checkbox"/> Centrifuged Fecal Flotation</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p>*Performed in Urbana</p>
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HISTORY OR ADDITIONAL INFORMATION: Indicate signs, duration, stress factors, previous disease, treatments, postmortem findings, pertinent feed or feed activities, time period animal was on premises, 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: