

CP	<input type="checkbox"/> 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: vdreceiving@vetmed.illinois.edu Website: https://vdl.vetmed.illinois.edu/
VETERINARIAN	EMAIL RESULTS	<input type="checkbox"/> CLINIC <input type="checkbox"/> VETERINARIAN <input type="checkbox"/> BOTH <input type="checkbox"/> ONLINE ONLY	
CLINIC/HOSPITAL	COPY RESULTS	<input type="checkbox"/> VTH <input type="checkbox"/> 3RD PARTY _____	
ADDRESS	OWNER NAME		
CITY	CITY	STATE	ZIP
PHONE ()	BREED	AGE	
CLINIC EMAIL	SEX	WEIGHT	
VET EMAIL	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> MC <input type="checkbox"/> FS	<input type="checkbox"/> LBS <input type="checkbox"/> KG <input type="checkbox"/> G	
P.O./ACCT#	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 _____	
FEIN #	ANIMAL ID	<input type="checkbox"/> See reverse for more ID's	
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 _____	
CONDITION SUSPECTED (History on Page 2)	DATE COLLECTED	<input type="checkbox"/> SERUM <input type="checkbox"/> EDTA <input type="checkbox"/> HEPARIN <input type="checkbox"/> SODIUM CITRATE <input type="checkbox"/> URINE (METHOD) _____ <input type="checkbox"/> OTHER _____	

Accession# Lab Use Only

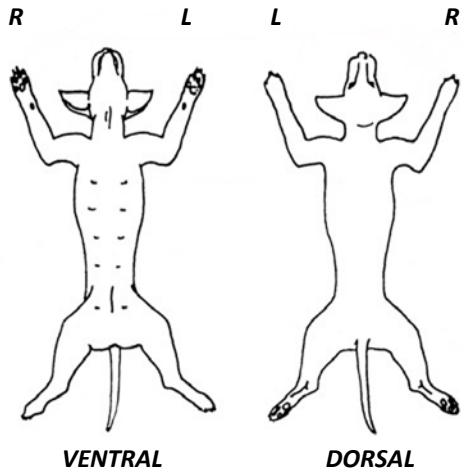
CLINICAL PATHOLOGY • ENDOCRINOLOGY

HEMATOLOGY <input type="checkbox"/> CBC <input type="checkbox"/> Platelet Count <input type="checkbox"/> Avian/Reptile CBC <input type="checkbox"/> Reticulocyte count <input type="checkbox"/> Coomb's Test <input type="checkbox"/> Crossmatch PANELS <input type="checkbox"/> Canine Panel - CBC, Chem Profile, T4 <input type="checkbox"/> Canine Health Panel - CBC, Chem Profile, UA, T4 <input type="checkbox"/> Canine Total Health Panel - CBC, Chem Profile, UA, T4, & Canine Snap 4DX <input type="checkbox"/> Feline Panel - CBC, Chem Profile, T4 <input type="checkbox"/> Feline Health Panel - CBC, Chem profile, UA, T4 <input type="checkbox"/> IMHA Panel (Ca or Fe) - CBC, Coombs, Retic PROFILES <input type="checkbox"/> 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 <input type="checkbox"/> Chemistry Profile (Large Animal) - Creatinine, BUN, TP, Albumin, Mg, Ca, Phos, Na, K, Cl, HCO3, CK, AST, ALP, Glucose, GLDH, GGT, T Bili, Cholesterol, <input type="checkbox"/> Chemistry Profile (Avian/Reptile)- CK, AST, Albumin, Phos, Glucose, Ca, GLDH <input type="checkbox"/> Electrolyte Profile - Na, K, Cl, Albumin, Ca, Phos, HCO3 <input type="checkbox"/> Fluid Profile - Creatinine, K, Triglycerides, Cholesterol, T Bili <input type="checkbox"/> Liver Profile (Small Animal) - ALT, ALP, CALP (canine only), GGT, T Bili, BUN, Glucose, Albumin, Cholesterol <input type="checkbox"/> Liver Profile (Large Animal) - GLDH, AST, ALP, CALP, GGT, T Bili, BUN, Albumin, Cholesterol, TP <input type="checkbox"/> Presurgical Profile - Creatinine, BUN, TP, Alb, Glucose, ALP, ALT <input type="checkbox"/> Renal Profile Creatinine, BUN, TP, Albumin, Ca, Phos, Na, K, Cl, HCO3, Glucose	OTHER CHEMISTRY TESTS <input type="checkbox"/> GLDH <input type="checkbox"/> Bile Acids <input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> CALP (canine) - CALP & ALP <input type="checkbox"/> CALP Isoenzyme Profile (canine) - CALP, ALP, Bone & Liver Fractions <input type="checkbox"/> Fructosamine <input type="checkbox"/> Magnesium <input type="checkbox"/> Other _____ Note: Any test listed on Chem Profile can be requested as a single test URINE/FLUID CHEMISTRY <input type="checkbox"/> Electrolytes - Na, K, Cl <input type="checkbox"/> Electrolyte Clearance - Ca, P, Na, K, Cl, Creatinine Urine and serum required <input type="checkbox"/> Calcium <input type="checkbox"/> Creatinine <input type="checkbox"/> Phosphorus <input type="checkbox"/> Protein <input type="checkbox"/> Protein:Creatinine Ratio <input type="checkbox"/> Triglyceride <input type="checkbox"/> T. Bilirubin <input type="checkbox"/> Urinalysis Collection Method _____ HEMOSTASIS (Requires Sodium Citrate) <input type="checkbox"/> PT <input type="checkbox"/> PTT <input type="checkbox"/> Fibrinogen <input type="checkbox"/> FDP (canine) <input type="checkbox"/> Coag Panel - (requires Na Cit) PT, PTT, Fib <input type="checkbox"/> Coag Panel w/FDP (canine)-(requires Na Cit) PT, PTT, Fib, FDP <input type="checkbox"/> Coag Panel w/PLT - (requires Na Cit & EDTA) PT, PTT, Fib, PLT <input type="checkbox"/> Coag Panel w/FDP & PLT (canine)-requires Na Cit & EDTA) PT, PTT, Fib, FDP, PLT	CYTOLOGY/FLUID ANALYSIS (PROVIDE HISTORY ON REVERSE) <input type="checkbox"/> Cytology Source _____ <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Lymphoma Package - (min 5 unstained slides per site) Cytology, CD79a, CD3 Immunocytochemistry <input type="checkbox"/> Smear Exam for Parasites <input type="checkbox"/> Fluid Analysis - Cell Count, Cytology, T Protein, S Gravity Source _____ <input type="checkbox"/> BAL <input type="checkbox"/> Tracheal Wash <input type="checkbox"/> Prostatic Wash ENDOCRINE AND PHARMACOLOGY Cortisol (canine and feline) <input type="checkbox"/> ACTH Stim <input type="checkbox"/> Cortisol <input type="checkbox"/> HDDS <input type="checkbox"/> LDDS <input type="checkbox"/> Progesterone (canine) <input type="checkbox"/> T4 (canine and feline) <input type="checkbox"/> TSH (canine) <input type="checkbox"/> Thyroid Profile (canine) - T4, TSH <input type="checkbox"/> Bromide <input type="checkbox"/> Phenobarbital OTHER TESTING <input type="checkbox"/> Canine Snap® 4DX + heartworm panel - includes: E. canis, Lyme disease, A. phagocytophilum, A. platys and Dirofilaria immitis <input type="checkbox"/> Feline Pancreatic Lipase-Snap Test (FPL) <input type="checkbox"/> Canine Pancreatic Lipase-Snap Test (CPL) <input type="checkbox"/> Other Tests _____
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Authorized Signature (Optional) _____ VDL- Received By (Initials) _____

CLINICAL PATHOLOGY • ENDOCRINOLOGY (PAGE 2)

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).



Show distribution of skin lesions in the above drawing

_____ TOTAL NUMBER OF SAMPLES

ACCESSION # _____

MULTIPLE SPECIMEN IDENTIFICATION

NO.	Specimen ID	NO.	Specimen ID
1		5	
2		6	
3		7	
4		8	

Attach Additional Sheets as Necessary

SPECIAL INSTRUCTIONS:

VDL- Received By (Initials) _____