

VDL@VSC



University of Illinois
Veterinary Diagnostic Lab
At Veterinary Specialty Center
2051 Waukegan Road
Bannockburn, IL 60015
847-459-7535 ext 3601



Accession#
Lab Use Only

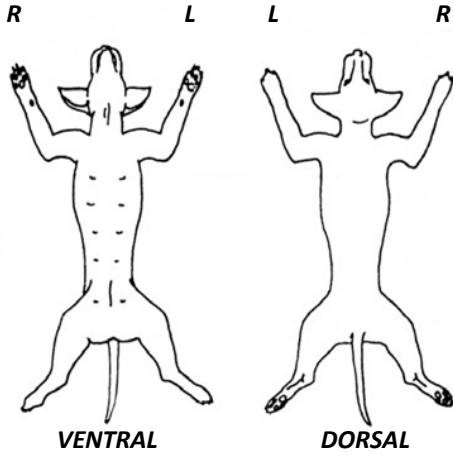
Form with fields for VETERINARIAN, CLINIC/HOSPITAL, ADDRESS, CITY, STATE, ZIP, PHONE, CLINIC EMAIL, VET EMAIL, P.O./ACCT#, FEIN #, BILLING COMMENTS, CONDITION SUSPECTED, RESULTS, EMAIL RESULTS, COPY RESULTS, OWNER NAME, BREED, AGE, SPECIES, SEX, ANIMAL ID, DATE SENT, DATE COLLECTED, SPECIMEN.

CLINICAL PATHOLOGY

Main clinical pathology form with sections: HEMATOLOGY, PANELS, PROFILES, OTHER CHEMISTRY TEST, URINE/FLUID CHEMISTRY, HEMOSTASIS, PHARMACOLOGY, ENDOCRINE*, CYTOLOGY/FLUID ANALYSIS, OTHER TESTING.

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
1	
2	
3	
4	

NO.	Specimen ID
5	
6	
7	
8	

Attach Additional Sheets as Necessary

SPECIAL INSTRUCTIONS: