

Clinical Microbiology, Serology & Parasitology Laboratory

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Clinic Name:		Owner's Name:			
Clinician:		Patient's Name/ID:		DOB/Age:	Sex:
Address:	City:	Species:	Breed:	Color/Markings:	
State:	Zip Code:	Clinic Email Address (For Lab Results):			
Phone:	Fax:	Clinic Email Address (For Invoicing, If Different):			
Sample Source/Specimen: <input type="checkbox"/> Skin <input type="checkbox"/> Urine <input type="checkbox"/> Feces <input type="checkbox"/> Serum <input type="checkbox"/> Other _____			Collection Date:		
			Collection Time:		
History/Duration of Clinical Signs/Specific Instructions:					

Microbiology	Fecal Pathogens	Stains
Aerobic culture including full delineation of the microbial population and susceptibility panel for: <input type="checkbox"/> 1 organism <input type="checkbox"/> 2 organisms <input type="checkbox"/> 3 organisms <input type="checkbox"/> 4 organisms *Aerobic culture with TOPICAL testing including full delineation of the microbial population and topical susceptibility panel for: <input type="checkbox"/> 1 organism <input type="checkbox"/> 2 organisms <input type="checkbox"/> Aerobic Culture staphylococcus screen <input type="checkbox"/> Aerobic Culture - NO susceptibility <input type="checkbox"/> Anaerobic Culture -NO susceptibility <input type="checkbox"/> Aspergillus sp. susceptibility panel (fungal) * Requires consult with Microbiologist prior to submission <input type="checkbox"/> Bacterial isolate identification <input type="checkbox"/> Blood Culture <input type="checkbox"/> UF Bottles Provided – Blood Culture <input type="checkbox"/> Dermatophyte Culture <input type="checkbox"/> Filamentous Fungi isolate ID <input type="checkbox"/> Fungal Culture <input type="checkbox"/> Joint Culture <input type="checkbox"/> UF Bottles Provided – Joint Culture <input type="checkbox"/> Mycobacterium Culture (no susceptibility) <input type="checkbox"/> Mycobacterium/Aerobic actinomycete sus. * Requires consult with Microbiologist prior to submission <input type="checkbox"/> Mycoplasma Culture <input type="checkbox"/> Pythium Culture <input type="checkbox"/> Yeast identification of isolate	<input type="checkbox"/> Bovine fecal screen <input type="checkbox"/> Campylobacter spp. Culture <input type="checkbox"/> Clostridium difficile toxin A/B ELISA <input type="checkbox"/> Clostridium perfringens Culture <input type="checkbox"/> Clostridium perfringens enterotoxin ELISA <input type="checkbox"/> Equine adult diarrhea panel <input type="checkbox"/> Equine foal diarrhea panel <input type="checkbox"/> Enterohemorrhagic E.coli (O157:H7) <input type="checkbox"/> Giardia antigen ELISA <input type="checkbox"/> Primate fecal screen <input type="checkbox"/> Rotavirus antigen ELISA <input type="checkbox"/> Salmonella screen – NO susceptibility * Contact lab for further testing <input type="checkbox"/> Shigella Culture <input type="checkbox"/> Small animal fecal screen <input type="checkbox"/> Yersinia Culture	<input type="checkbox"/> Cryptosporidium modified acid fast stain <input type="checkbox"/> Gram stain <input type="checkbox"/> Mycobacterium acid fast stain <input type="checkbox"/> Spore stain
		Serology ELISA Testing <input type="checkbox"/> Dirofilaria immitis Ag * <i>DiroCHEK (CN or FE)</i> <input type="checkbox"/> Equine Infectious Anemia <input type="checkbox"/> STAT Equine Infectious Anemia <input type="checkbox"/> Feline Heartworm antibody
		Latex Agglutination Testing <input type="checkbox"/> Brucella canis RSAT <input type="checkbox"/> Cryptococcus neoformans antigen
		Immunofluorescent Assay (IFA) <input type="checkbox"/> Babesia canis Antibody titer <input type="checkbox"/> Borrelia burgdorferi (Lyme) screen <input type="checkbox"/> Canine Distemper Virus <input type="checkbox"/> Clinical IgG/IgM <input type="checkbox"/> Vaccination titer IgG <input type="checkbox"/> Canine Herpes Virus titer <input type="checkbox"/> Ehrlichia canis Antibody IFA <input type="checkbox"/> Endpoint titer * Only charged if screen titer is positive <input type="checkbox"/> Neospora caninum IFA <input type="checkbox"/> Rickettsia rickettsii IFA (RMSF)
	Parasitology <input type="checkbox"/> Baermann for lungworms <input type="checkbox"/> Ectoparasite exam of hair/feathers <input type="checkbox"/> Fecal flotation <input type="checkbox"/> Fecal Fat (digested/non-digested) <input type="checkbox"/> Fecal starch <input type="checkbox"/> McMaster's quantification <input type="checkbox"/> Microfilaria exam (EDTA blood) <input type="checkbox"/> Occult Blood Hemoprotein <input type="checkbox"/> Sedimentation for flukes <input type="checkbox"/> Trichomonad culture	
	Miscellaneous <input type="checkbox"/> Additional Abx susceptibility <input type="checkbox"/> Additional MIC systemic susceptibility <input type="checkbox"/> Additional topical MIC susceptibility <input type="checkbox"/> PBP2 agglutination to detect resistant staph	

UFVH Office Use Only

Shipping Code: _____

Initials: _____

Date/Time Stamp: _____

Total Samples Received: _____

Condition of Sample: Ambient ___ Ice Pack ___ Dry Ice ___ Leaking ___ Broken ___ Other _____