

Send-In Clinical Pathology Laboratory

2015 SW 16th Ave. Room VS-50 Gainesville, FL 32608-1166

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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:	Email Address (For Lab Results):		
Phone:	Fax:	Email Address (For Invoicing, If Different):		
Specimen(s) Submitted:		Collection Date:	Collection Time:	
DMSO <input type="checkbox"/> YES ANTIBIOTICS <input type="checkbox"/> YES GLUCO-CORTICOIDS <input type="checkbox"/> YES				
Pertinent Clinical History; Provisional Diagnosis:				

Cytology	Chemistry Panels	Urine
<p><i>*Include pertinent history (location of lesion & signalment of animal)</i></p> <p><input type="checkbox"/> (BCE) Body Cavity Effusion Complete Analysis <i>*Make slides at time of collection & put fluid in EDTA tube to avoid clotting</i></p> <p><input type="checkbox"/> Bone Marrow Aspirate Examination <i>*Recent CBC testing required & attach report</i></p> <p><input type="checkbox"/> (BAL) Bronchi/Alveolar Lavage, Complete Analysis <input type="checkbox"/> BAL Slides Only <input type="checkbox"/> Broncheal/Tracheal Wash</p> <p><input type="checkbox"/> (CSF) Cerebrospinal Complete Analysis</p> <p><input type="checkbox"/> Synovial Fluid Complete Analysis <input type="checkbox"/> Synovial Fluid Slides Only</p> <p><input type="checkbox"/> Tissue Aspirate <input type="checkbox"/> Tissue Discharge <input type="checkbox"/> Tissue Imprint/Scraping</p>	<p><input type="checkbox"/> Chemistry Vet20 Avian/Reptile <input type="checkbox"/> Chemistry Vet20 Bovine/Ruminant <input type="checkbox"/> Chemistry Vet20 Equine/Small Herbivore <input type="checkbox"/> Chemistry Vet20 Small Animal/Carnivore</p> <p><input type="checkbox"/> Electrolyte Panel <input type="checkbox"/> Hemodialysis Panel <input type="checkbox"/> Liver Chemistry Profile <input type="checkbox"/> Mini Profile (Lytes, BUN, Creat, Ca) <input type="checkbox"/> Renal Panel</p>	<p><input type="checkbox"/> Urinalysis <input type="checkbox"/> Urine Protein/Creatinine Ratio <input type="checkbox"/> Urine Protein <input type="checkbox"/> Urine Sediment Examination Only</p>
	Chemistry (Individual Tests)	Endocrinology
	<p><input type="checkbox"/> Albumin <input type="checkbox"/> ALP <input type="checkbox"/> ALT <input type="checkbox"/> Ammonia <input type="checkbox"/> AST <input type="checkbox"/> Bile Acid: <input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> Bilirubin (total) <input type="checkbox"/> BUN <input type="checkbox"/> Calcium <input type="checkbox"/> Carbon Dioxide <input type="checkbox"/> Chloride <input type="checkbox"/> Cholesterol <input type="checkbox"/> CPK <input type="checkbox"/> Creatinine <input type="checkbox"/> CSF Microprotein <input type="checkbox"/> Foal IgG Test Quantitative <input type="checkbox"/> GGT <input type="checkbox"/> Glucose <input type="checkbox"/> Magnesium <input type="checkbox"/> Phosphorus <input type="checkbox"/> Potassium <input type="checkbox"/> Sodium <input type="checkbox"/> Total Protein <input type="checkbox"/> Triglycerides <input type="checkbox"/> Troponin I <input type="checkbox"/> Uric Acid</p>	<p><input type="checkbox"/> ACTH Stimulation (0,1hr) <input type="checkbox"/> Cortisol <input type="checkbox"/> Dexamethasone Cortisol (0, 4, 8 hrs.) <input type="checkbox"/> Phenobarbital <input type="checkbox"/> Progesterone <input type="checkbox"/> T4, Free <input type="checkbox"/> T4, Total <input type="checkbox"/> T4, Free, Total & TSH <input type="checkbox"/> TSH (Canine/Feline) <input type="checkbox"/> Urine Cortisol/Creatinine ratio</p>
Hematology		* UFVH Office Use Only*
<p><input type="checkbox"/> Blood Parasite Slide Review <i>*This test ordered to evaluate presence of hemoparasites only. Please include reason for review in history</i></p> <p><input type="checkbox"/> Buffy Coat Examination <i>*please include reason for review in history</i></p> <p><input type="checkbox"/> CBC w/Differential - Avian/Reptile Only <input type="checkbox"/> CBC w/ Differential - Mammalian Only</p> <p><input type="checkbox"/> Coombs Test (Direct)</p> <p><input type="checkbox"/> Crossmatch Major & Minor (1-3 Donors) <input type="checkbox"/> Crossmatch Add' l Donors (each) <input type="checkbox"/> Crossmatch (Major Only) <input type="checkbox"/> Crossmatch (Minor Only)</p> <p><input type="checkbox"/> Differential (Leukocyte) only <input type="checkbox"/> Fibrinogen <i>*Performed by heat precipitation method</i></p> <p><input type="checkbox"/> Full Blood Film Review, Slides Only <input type="checkbox"/> Heinz Bodies <input type="checkbox"/> Hematocrit <input type="checkbox"/> Plasma Protein <input type="checkbox"/> Platelet Count <input type="checkbox"/> PT (Prothrombin Time) <input type="checkbox"/> PTT <input type="checkbox"/> PT/PTT <input type="checkbox"/> Reticulocyte Count</p>		<p>MR#: _____</p> <p>Shipping Code: _____</p> <p>Samples Rcvd.(tube type & quantity): _____ _____ _____</p> <p>Initials: _____</p> <p><input type="checkbox"/> Ambient <input type="checkbox"/> Ice Packs <input type="checkbox"/> Dry Ice <input type="checkbox"/> Leaking <input type="checkbox"/> Broken <input type="checkbox"/> Formalin</p> <p>Other: _____</p> <p>Date/Time Stamp: _____</p>