

SAMPLE SUBMISSION FORM

Please address packages "Attention Laboratory"

Clinic Name _____
 Address _____

 (city,state,zip)
 Veterinarian _____
 Phone (_____) _____
 Fax (_____) _____
 Email _____

Owner _____
 (last, first or farm name)
 Animal Name or Clinic I.D. _____
 Breed _____ Age _____ Sex _____
 Date Specimen Taken _____ / _____ / _____
 Drug Treatment (optional) _____

TESTING AVAILABLE

SPECIMENS SUBMITTED

How Many?

- Blood, whole _____
- Cerebrospinal Fluid _____
- Culturette
(origin _____) _____
- Feces _____
- Fixed Tissue
(specify _____) _____
- Fresh Tissue
(specify _____) _____
- Milk _____
- Plasma EDTA _____
- Plasma Heparin _____
- Abscess
(specify _____) _____
- Trans Tracheal Wash _____
- Serum _____
- Skin Scraping _____
- Smear
(specify _____) _____
- Synovial Fluid
(specify _____) _____
- Other Sterile Body Fluid
(specify _____) _____
- Urine _____
- Other
(specify _____) _____

CHEMISTRY:

- Ammonia
- Bile Acids
- Bilirubin Profile
- Blood Gases
- Cardiac Enzymes
- Chem Profile
- Direct Bilirubin
- Electrolytes
- Glucose Tolerance
- IgG
- Individual Chem
- Intracellular K+
- Ionized Calcium
- Lactate
- Liver Profile
- Magnesium
- Milk Electrolytes
- Osmolality
- SDH
- Therapeutic Profile
- Triglycerides
- Urine Track Panel
- Colostrum IgG

COAGULATION:

- AT3
- FDP
- PT

CYTOLOGY:

- Fluid Cytology (Fluid cytology only accepted in EDTA)
- Uterine Cytology

HEMATOLOGY:

- Body Fluid Analysis
- CBC (w/ platelet)
- CSF Analysis
- Fibrinogen
- Foal Profile
- Hemogram
- Manual Differential
- Total Plasma Protein
- Urinalysis
- Platelet Count

HORMONAL ASSAYS:

- PMSG
- Progesterone
- T4

IMMUNOHEMATOLOGY:

- Coombs
- Jaundice Foal Agglutination
- NI Screen
- Transfusion Crossmatch

MICROBIOLOGY:

- Abscess
- Anaerobe
- Blood Culture
- C difficile Toxin
- C perfringens Enterotoxin
- Dermatophyte
- Eye Culture
- Fecal Aerobe

- Fecal Anaerobe or Clostridium perfringens
- Fecal Egg Counts
- Fecal Occult Blood
- Foal Diarrhea Panel
- Nasal Culture
- Rotavirus Assay
- Salmonella
- Stallion Culture
- Sterile Body Fluid
- Strep Equi Screen
- Tran Tracheal Wash
- Uterine Culture
- Wounds (abscess or infection)
- Environmental/ Salmonella Culture

SEROLOGY:

- AGID Coggins
- ELISA Coggins (2 hour)
- Lawsonia Titer

BRIEF HISTORY (optional)

LAB USE ONLY

Received By:

Adhere Label Here