

## HAGYARD LABORATORY SAMPLE SUBMISSION FORM

Please address packages "**ATTENTION LABORATORY**"

### CLIENT INFORMATION

Veterinarian \_\_\_\_\_  
 Clinic Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

### PATIENT INFORMATION

Animal Name \_\_\_\_\_  
 Owner/Farm \_\_\_\_\_  
 Age \_\_\_\_\_ Sex  Male  Female Breed \_\_\_\_\_  
 Date Specimen Taken \_\_\_\_\_  
 BRIEF HISTORY \_\_\_\_\_

PLEASE CHECK BOX IF ABOVE INFORMATION HAS CHANGED SO WE CAN UPDATE OUR RECORDS

### SPECIMEN(S) SUBMITTED

Blood  
 EDTA Plasma  
 Li Hep Plasma  
 Serum  
 Blood Culture  
 Fluid  
 Pericardial Fluid  
 Peritoneal Fluid (ABD)  
 Pleural Fluid  
 Joint Fluid (Site )  
 Feces  
 Milk  
 TTW  
 Urine

### PLEASE SPECIFY SPECIMEN SITE

Abscess/Wound \_\_\_\_\_  
 Skin Scraping \_\_\_\_\_  
 Smear \_\_\_\_\_  
 Stallion \_\_\_\_\_  
 Tissue  Fixed  Fresh site: \_\_\_\_\_

### TESTING REQUESTED

#### Chemistry

Ammonia  
 Bile Acids  
 Bilirubin Profile  
 Blood Gases  
 Cardiac Enzymes  
 Chemistry Profile  
 Colostrum IgG  
 Direct Bilirubin  
 Electrolytes  
 Glucose Tolerance  
 IgG  
 Intracellular K<sup>+</sup>  
 Ionized Calcium  
 Lactate  
 Liver Profile  
 Magnesium  
 Milk Electrolytes  
 Serum Amyloid A  
 SDH  
 Therapeutic Profile  
 Triglycerides  
 Urine Fractionation Panel

#### Coagulation

PT  
 APTT

#### Hormone Assays

Progesterone  
 T4

#### Serology

Coggins  
 Regular / AGID  
 2 Hour / ELISA

#### Hematology

CBC w/ plt count  
 Fibrinogen  
 Foal Profile  
 Hemogram  
 Platelet Count

#### Immunochemistry

Coombs  
 Jaundice Foal Agglutination  
 NI Screen  
 Transfusion Crossmatch

#### Fluid Analysis & Cytology

Bronchial Lavage Analysis  
 (Includes Cell Count&Cytology)  
 Body Fluid Analysis  
 (Includes Cell Count&Cytology)  
 (Joint, Peritoneal, Pleural)  
 CSF Analysis  
 (includes Cell Ct,Cyt&CSF Panel)  
 Miscellaneous Cytology  
 (Specify Site)  
 Trans Tracheal Wash (TTW)  
 Urinalysis  
 Uterine Cytology  
 Uterine Flush Cytology

#### Microbiology (Culture&Sensitivity)

Abscess (specify site)  
 Anaerobe (specify site)  
 BAL (Bronchial Lavage)  
 Blood Culture  
 Body Fluid (specify)  
 C difficile Toxin Kit  
 Eye (Right or Left)  
 Fecal Aerobe  
 Fecal Egg Count  
 Fecal Occult Blood  
 Guttural Pouch  
 Incision Site  
 Milk/Udder  
 Nasal  
 Other (Please specify in box below)  
 Salmonella  
 Skin (includes aerobic and DTM)  
 Stallion  
 Strep equi Screen  
 Trans Tracheal Wash  
 Umbilicus  
 Urine  
 Uterine  
 Uterine Flush  
 Wound (specify site)

#### qPCR

C difficile Toxin A&B  
 C perfringens Enterotoxin  
 Coronavirus  
 Cryptosporidium  
 Environmental Salmonella  
 Equine Herpes 1  
 Equine Herpes 4  
 Equine Influenzae  
 Equine Rhinitis A&B  
 Lawsonia intracellularis  
 Potomac Horse Fever  
 Rhodococcus equi  
 Rotavirus (Includes A&B)  
 Salmonella  
 Streptococcus equi

#### qPCR Panels

Adult Diarrhea Panel  
 C perfringens Toxin Typing  
 Foal Diarrhea Panel  
 EHV1 Panel  
 EHV1&EHV4  
 IDC Environmental Panel  
 Neonatal Diarrhea Panel  
 Respiratory Panel  
 Respiratory Panel Plus

**NI SCREENS - WE ARE UNABLE TO DO NI SCREENS ON MULES, DONKEY, OR MARES BREED TO A MULE OR DONKEY.**

**Please see "Testing Summary" for a complete list of available testing, panel/profile explanations, specimen requirements, turnaround times, and frequency of testing.**