

**GENERAL SUBMISSION FORM**

REFERRING VETERINARIAN INFORMATION	ANIMAL INFORMATION
Veterinarian: _____	Animal name/ID: _____
Hospital: _____	Owner First Name: _____ Last Name: _____
Address: _____	Species: Can Fel Eq Bov Camelid Cap Ovine Other: _____
City/State/Zip: _____	Breed: _____
Phone: _____ Fax: _____	Age: _____ Sex: F SF M CM
Email: _____	

**PATIENT HISTORY**

Check box to make laboratory results unavailable to VMCVM Clinician(s) upon patient's referral and/or consult.

<b>COLLECTION DATE &amp; TIME:</b>	P= PURPLE TOP (K3 EDTA) TUBE      G= GREEN TOP (LITHIUM HEPARIN) TUBE B= BLUE TOP (CITRATE) TUBE      R = RED TOP (NO ADDITIVE) TUBE	F= feline      g= gram C= canine      WB= whole blood
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CHEMISTRY	HEMATOLOGY	BACTERIOLOGY		
<input type="checkbox"/> BOVINE PROFILE G, R	<input type="checkbox"/> EQUINE/CAMELID CBC P	<b>LAB USE ONLY- SAMPLE ID #</b>	1.      2.	
<input type="checkbox"/> LARGE ANIMAL PROFILE G, R	<input type="checkbox"/> EQUINE/CAMELID Hemogram P		<b>SOURCE/SITE OF CULTURE:</b>	1.      2.
<input type="checkbox"/> LARGE ANIMAL MINI G, R	<input type="checkbox"/> LARGE ANIMAL CBC P	AEROBIC W/ SUSCEPTIBILITY	<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> SMALL ANIMAL PROFILE G, R	<input type="checkbox"/> LARGE ANIMAL Hemogram P	AEROBIC NO SUSCEPTIBILITY	<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> SMALL ANIMAL HYPERTHY G, R	<input type="checkbox"/> SMALL ANIMAL CBC P	ANAEROBIC CULTURE	<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> SMALL ANIMAL LIVER G, R	<input type="checkbox"/> SMALL ANIMAL Hemogram P	BLOOD CULTURE	<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> SMALL ANIMAL MINI G, R	<input type="checkbox"/> PATHOLOGIST'S REVIEW P	SMALL ANIMAL FECAL SCREEN	<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> SMALL ANIMAL NSAID G, R	<input type="checkbox"/> PCV/TP P	LARGE ANIMAL FECAL SCREEN	<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> SMALL ANIMAL PRE-OP G, R	<input type="checkbox"/> PCV/TP/Fibrinogen P	FUNGAL CULTURE/DTM		
<input type="checkbox"/> SMALL ANIMAL RENAL G, R	<input type="checkbox"/> PLATELET COUNT P	MYCOPLASMA CULTURE	<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> CHEM 8 G, R	<b>LAB USE ONLY</b>  LAB LABEL	<i>Strep equi</i> (strangles) SCREEN	<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> MINERALS (P, Ca, Mg) G, R		Plasma App: _____	STAIN	GRAM <input type="checkbox"/> AFB <input type="checkbox"/> GRAM <input type="checkbox"/> AFB <input type="checkbox"/>
<input type="checkbox"/> LYTES (Na, K, Cl, TCO <sub>2</sub> ) G, R		PCV: _____	OTHER: _____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> PANCREATIC (AMY, LIP) G, R		Protein: _____	(consult with lab technician)	
<input type="checkbox"/> PROTEINS (TP, Alb, Glob) G, R	Tech Initials: _____	<b>PCR ASSAYS</b>		
<input type="checkbox"/> BILE ACID (FASTING) G, R	<b>SPECIAL CHEMISTRY</b>		<b>SPECIMEN SOURCE:</b> (REQUIRED)	
<input type="checkbox"/> BILE ACID (2H POST) G, R	<input type="checkbox"/> CORTISOL PRE R	<input type="checkbox"/> CDV		
<input type="checkbox"/> D3HB G, R	<input type="checkbox"/> CORTISOL POST R	<input type="checkbox"/> EHV-1		
<input type="checkbox"/> SNAP cPL R	<input type="checkbox"/> PHENOBARBITAL R	<input type="checkbox"/> FELINE CoV/FIP	<b>LAB USE ONLY- SID#</b>	
<input type="checkbox"/> TRIGLYCERIDES G, R	<input type="checkbox"/> PROGESTERONE R	<input type="checkbox"/> SALMONELLA		
<input type="checkbox"/> OTHER:	<input type="checkbox"/> T4 R	<input type="checkbox"/> THEILERIA/ANAPLASMA DUPLEX		
	<input type="checkbox"/> TSH R	<input type="checkbox"/> TICKBORNE MULTIPLEX		
	<input type="checkbox"/> T4/TSH R	<input type="checkbox"/> OTHER: _____ (CONSULT W/ LAB FOR NEW PCR TESTS)		
<b>URINE CHEMISTRY</b>		<b>PARASITOLOGY</b>		
<input type="checkbox"/> CREATININE <input type="checkbox"/> PROTEIN	<b>IMMUNOLOGY</b>		<b>NOTE:</b>  HISTOLOGY AND CYTOLOGY SUBMISSIONS HAVE UNIQUE SUBMISSION FORM	
<input type="checkbox"/> GGT <input type="checkbox"/> OTHER:	<input type="checkbox"/> BRUCELLA CANIS R	<input type="checkbox"/> ZINC SULFATE FLOTATION 2-5g Feces		
<b>BLOOD GAS</b>		<input type="checkbox"/> MCMASTER CAMELID TEST 2-4g Feces		
<input type="checkbox"/> IONIZED CALCIUM R	<input type="checkbox"/> CAMELID IGG (RID) R	<input type="checkbox"/> MCMASTER STANDARD TEST 2-4g Feces		
TEMPERATURE (°F): _____ (REQUIRED)	<input type="checkbox"/> <i>Clostridium difficile</i> ELISA* Feces	<input type="checkbox"/> SHEATHER'S SUGAR FLOTATION 2-5g Feces		
<b>COAGULATION</b>		<input type="checkbox"/> BAERMANN TEST 5-10g Feces		
<input type="checkbox"/> PT B	<input type="checkbox"/> <i>Clostridium perfringens</i> ELISA* Feces	<input type="checkbox"/> GIARDIA ANTIGEN TEST Feces		
<input type="checkbox"/> PTT B	<input type="checkbox"/> SNAP FELV/FIV COMBO P, G, R	<input type="checkbox"/> HEARTWORM ANTIBODY (F) P, G, R		
<b>URINALYSIS</b>		<input type="checkbox"/> HEARTWORM ANTIGEN (F/C) P, G, R		
<input type="checkbox"/> URINALYSIS (ROUTINE)	<input type="checkbox"/> SNAP 4DX P, G, R	<input type="checkbox"/> KNOTT'S TEST Microfilariae P(WB)		
<b>BLOOD BANK</b>		<input type="checkbox"/> PARASITE IDENTIFICATION		
<input type="checkbox"/> URINALYSIS (ROUTINE)	Previous Transfusion? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> SEDIMENTATION 5-10g Feces		
<b>SELECT COLLECTION METHOD:</b>				
FREE-CATCH    CATH    CYSTO	<input type="checkbox"/> DEA 1 BLOOD TYPE P			
	<input type="checkbox"/> FELINE BLOOD TYPE P			
	<input type="checkbox"/> CROSSMATCH P			