

CP

STAT

(may incur additional charges)

Previous Case # \_\_\_\_\_



**VETERINARY DIAGNOSTIC LABORATORY**

University of Illinois at Urbana-Champaign

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VETERINARIAN		
CLINIC/HOSPITAL		
ADDRESS		
CITY	STATE	ZIP
PHONE ( )	FAX ( )	
CLINIC EMAIL		
VET EMAIL		
P.O./ACCT #/FOP		
FEIN # <input type="checkbox"/> NEW CLIENT <input type="checkbox"/> UPDATES		
BILLING COMMENTS (Owner billing not available)		
CONDITIONS SUSPECTED (HISTORY ON PAGE 2)		

RESULTS <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL CLINIC <input type="checkbox"/> EMAIL VET <input type="checkbox"/> ONLINE/APP		
COPY RESULTS <input type="checkbox"/> VTH <input type="checkbox"/> OTHER (NAME WITH FAX OR EMAIL BELOW)		
SEND <input type="checkbox"/> SUBMISSION FORMS <input type="checkbox"/> FEE SCHEDULE		
OWNER NAME		
CITY	STATE	ZIP
BREED	AGE	
SPECIES <input type="checkbox"/> CANINE <input type="checkbox"/> FELINE <input type="checkbox"/> EQUINE <input type="checkbox"/> BOVINE <input type="checkbox"/> PORCINE		
<input type="checkbox"/> OVINE <input type="checkbox"/> CAPRINE <input type="checkbox"/> AVIAN <input type="checkbox"/> OTHER		
SEX <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> MC <input type="checkbox"/> FS	WEIGHT	
ANIMAL ID	<input type="checkbox"/> MORE ID'S ON BACK	
DATE SENT	<input type="checkbox"/> USPS <input type="checkbox"/> UPS <input type="checkbox"/> FEDEX <input type="checkbox"/> COURIER	
/ /	<input type="checkbox"/> DROP OFF <input type="checkbox"/> OTHER	
DATE COLLECTED	SPECIMEN <input type="checkbox"/> SERUM <input type="checkbox"/> EDTA <input type="checkbox"/> HEPARIN	
/ /	<input type="checkbox"/> SOD CIT <input type="checkbox"/> URINE <input type="checkbox"/> OTHER	

ACCESSION # \_\_\_\_\_  
Place sticker here

\*ADDITIONAL TESTING MAY BE AVAILABLE, CHECK OUR WEBSITE FOR DETAILS\*

**CLINICAL PATHOLOGY • ENDOCRINOLOGY**

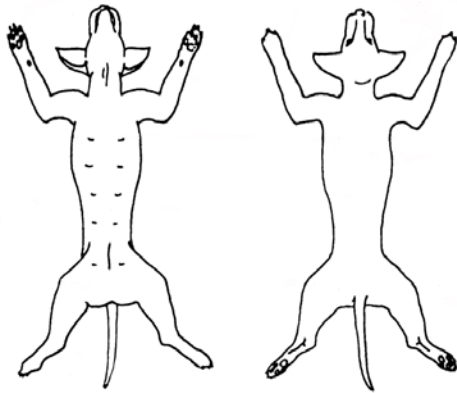
<p><b>HEMATOLOGY</b></p> <p><input type="checkbox"/> CBC</p> <p><input type="checkbox"/> Platelet Count</p> <p><input type="checkbox"/> Avian/Reptile CBC</p> <p><input type="checkbox"/> Reticulocyte count</p> <p><input type="checkbox"/> Coomb's Test</p> <p><input type="checkbox"/> Crossmatch</p> <p><b>PANELS</b></p> <p><input type="checkbox"/> Canine Panel CBC, Chem Profile, T4</p> <p><input type="checkbox"/> Canine Health Panel CBC, Chem Profile, UA, T4</p> <p><input type="checkbox"/> Canine IMHA Panel CBC, Coombs, Retic</p> <p><input type="checkbox"/> Canine Total Health Panel CBC, Chem Profile, UA, T4, &amp; Canine Snap 4DX</p> <p><input type="checkbox"/> Feline Panel CBC, Chem Profile, T4</p> <p><input type="checkbox"/> Feline Health Panel CBC, Chem profile, UA, T4</p> <p><input type="checkbox"/> Feline IMHA Panel CBC, Coombs, Retic</p> <p><input type="checkbox"/> Feline Total Health Panel CBC, Chem Profile, UA, T4, Heartworm Antibody</p> <p><b>PROFILES</b></p> <p><input type="checkbox"/> Chemistry Profile (Small Animal) Creatinine, BUN, TP, Albumin, Ca, Phos, Na, K, Cl, HCO<sub>3</sub>, Cholesterol, Triglycerides, ALP, CALP (canine only), ALT, Glucose, GGT, T Bili</p> <p><input type="checkbox"/> Chemistry Profile (Large Animal) Creatinine, BUN, TP, Albumin, Mg, Ca, Phos, Na, K, Cl, HCO<sub>3</sub>, CK, AST, ALP, Glucose, GLDH, GGT, T Bili, Cholesterol,</p> <p><input type="checkbox"/> Chemistry Profile (Avian/Reptile) CK, AST, Albumin, Phos, Glucose, Ca, GLDH</p> <p><input type="checkbox"/> Electrolyte Profile Na, K, Cl, Albumin, Ca, Phos, HCO<sub>3</sub></p> <p><input type="checkbox"/> Liver Profile (Small Animal) ALT, ALP, CALP (canine only), GGT, T Bili, BUN, Glucose, Albumin, Cholesterol</p> <p><input type="checkbox"/> Liver Profile (Large Animal) GLDH, AST, ALP, CALP, GGT, T Bili, BUN, Albumin, Cholesterol, TP</p>	<p><b>PROFILES</b></p> <p><input type="checkbox"/> Presurgical Profile Creat, BUN, TP, Alb, Gluc, ALP, ALT</p> <p><input type="checkbox"/> Renal Profile Creatinine, BUN, TP, Albumin, Ca, Phos, Na, K, Cl, HCO<sub>3</sub>, Glucose</p> <p><b>OTHER CHEMISTRY TESTS</b></p> <p><input type="checkbox"/> GLDH</p> <p><input type="checkbox"/> Bile Acids <input type="checkbox"/> Pre <input type="checkbox"/> Post</p> <p><input type="checkbox"/> CALP (canine) CALP &amp; ALP</p> <p><input type="checkbox"/> CALP Isoenzyme Profile (canine) CALP, ALP, Bone &amp; Liver Fractions</p> <p><input type="checkbox"/> Fructosamine</p> <p><input type="checkbox"/> Lipase</p> <p><input type="checkbox"/> Magnesium</p> <p><input type="checkbox"/> Other _____</p> <p>Note: Any test listed on Chem Profile can be requested as a single test</p> <p><b>URINE/FLUID CHEMISTRY</b></p> <p><input type="checkbox"/> Electrolytes Na, K, Cl</p> <p><input type="checkbox"/> Electrolyte Clearance Ca, P, Na, K, Cl, Creatinine Urine and serum required</p> <p><input type="checkbox"/> Calcium</p> <p><input type="checkbox"/> Creatinine</p> <p><input type="checkbox"/> Phosphorus</p> <p><input type="checkbox"/> Protein</p> <p><input type="checkbox"/> Protein:Creatinine Ratio</p> <p><input type="checkbox"/> Triglyceride</p> <p><input type="checkbox"/> T. Bilirubin</p> <p><b>URINALYSIS</b> Collection Method _____</p> <p><b>HEMOSTASIS (REQUIRES SODIUM CITRATE)</b></p> <p><input type="checkbox"/> PT</p> <p><input type="checkbox"/> PTT</p> <p><input type="checkbox"/> Fibrinogen</p> <p><input type="checkbox"/> FDP (canine)</p> <p><input type="checkbox"/> Coag Panel (Panel requires Na Cit &amp; EDTA) PT, PTT, Fib, PLT</p> <p><input type="checkbox"/> Coag Panel w/FDP (canine) (Na Cit &amp; EDTA), PT, PTT, Fib, PLT, FDP</p>	<p><input type="checkbox"/> Coag Panel IIw/FDP (canine) (Na Cit), PT, PTT, Fib, FDP</p> <p><b>CYTOLOGY/FLUID ANALYSIS</b> (PROVIDE HISTORY ON REVERSE)</p> <p><input type="checkbox"/> Cytology Source _____</p> <p><input type="checkbox"/> Blood Smear</p> <p><input type="checkbox"/> Bone Marrow</p> <p><input type="checkbox"/> Lymphoma Package Cytology, CD79a, CD3</p> <p><input type="checkbox"/> Smear Exam for Parasites</p> <p><input type="checkbox"/> Fluid Analysis Cell Count, Cytology, T Protein, S Gravity Source _____</p> <p><input type="checkbox"/> BAL</p> <p><input type="checkbox"/> Tracheal Wash – Cytology Only</p> <p><input type="checkbox"/> Prostatic Wash – Cytology Only</p> <p><b>ENDOCRINE AND PHARMACOLOGY</b></p> <p><b>Cortisol</b> (canine and feline)</p> <p><input type="checkbox"/> ACTH Stim</p> <p><input type="checkbox"/> Cortisol</p> <p><input type="checkbox"/> HDDS</p> <p><input type="checkbox"/> LDDS</p> <p><input type="checkbox"/> Progesterone (canine)</p> <p><input type="checkbox"/> T4 (canine and feline)</p> <p><input type="checkbox"/> TSH (canine)</p> <p><input type="checkbox"/> Thyroid Profile (canine) T4, TSH</p> <p><input type="checkbox"/> Bromide</p> <p><input type="checkbox"/> Phenobarbital</p> <p><b>OTHER TESTING</b></p> <p><input type="checkbox"/> Canine Snap ® 4DX + heartworm panel (includes: E. canis, Lyme disease, A. phagocytophilum, A. platys and Dirofilaria immitis)</p> <p><input type="checkbox"/> Feline heartworm Ab</p> <p><input type="checkbox"/> Feline pancreatic lipase-Snap Test (FPL)</p> <p><input type="checkbox"/> Canine Pancreatic Lipase-Snap Test (CPL)</p> <p><input type="checkbox"/> _____</p>
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AUTHORIZED SIGNATURE (OPTIONAL) \_\_\_\_\_

REC'D BY (INITIALS) \_\_\_\_\_

**HISTORY OR ADDITIONAL INFORMATION:** Indicate signs, duration, stress factors, previous disease, treatments, post-mortem findings, pertinent feed or feed activities, time period animal was on premises, and clinical lab results (attach additional sheets as necessary).

R                      L      L                      R



**VENTRAL**

**DORSAL**

Show distribution of skin lesions in above drawings.

\_\_\_\_\_ **TOTAL NUMBER OF SAMPLES**                      **MULTIPLE SPECIMEN IDENTIFICATION**                      **ACCESSION #** \_\_\_\_\_

<b>No.</b>	<b>Specimen ID</b>
1	
2	
3	
4	

<b>No.</b>	<b>Specimen ID</b>
5	
6	
7	
8	

**Attach Additional Sheets as Necessary**

**SPECIAL INSTRUCTIONS:**