

**CP CLEAR SUBMISSION**

**STAT**  
(may incur additional charges)  
Previous Case # \_\_\_\_\_



**VETERINARY DIAGNOSTIC LABORATORY**  
University of Illinois at Urbana-Champaign  
PO Box U, 2001 South Lincoln Avenue  
Urbana, IL 61802-6178  
Tel: (217) 333-1620 Fax: (217) 244-2439  
Email: [vdloffice@vetmed.illinois.edu](mailto:vdloffice@vetmed.illinois.edu)  
Website: [vetmed.illinois.edu/vdl](http://vetmed.illinois.edu/vdl)

**PRINT**

**CLEAR ALL**

VETERINARIAN \_\_\_\_\_  
CLINIC/HOSPITAL \_\_\_\_\_  
ADDRESS \_\_\_\_\_

RESULTS  FAX  EMAIL CLINIC  EMAIL VET  ONLINE/APP  
COPY RESULTS  VTH  OTHER (NAME WITH FAX OR EMAIL BELOW) \_\_\_\_\_

SEND  SUBMISSION FORMS  FEE SCHEDULE

CITY	STATE	ZIP	OWNER NAME
PHONE ( )	FAX ( )		CITY STATE ZIP
CLINIC EMAIL			BREED AGE
VET EMAIL	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		
P.O./ACCT #/FOP	SEX <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> MC <input type="checkbox"/> FS WEIGHT		
FEIN #	<input type="checkbox"/> NEW CLIENT <input type="checkbox"/> UPDATES		ANIMAL ID <input type="checkbox"/> MORE ID'S ON BACK
BILLING COMMENTS (Owner billing not available)	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	
	/ /		
CONDITIONS SUSPECTED (HISTORY ON PAGE 2)	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**

**HEMATOLOGY**

- CBC
- Platelet Count
- Avian/Reptile CBC
- Reticulocyte count
- Coomb's Test
- Crossmatch

**PANELS**

- Canine Panel  
CBC, Chem Profile, T4
- Canine Health Panel  
CBC, Chem Profile, UA, T4
- Canine Total Health Panel  
CBC, Chem Profile, UA, T4, & Canine Snap 4DX
- Feline Panel  
CBC, Chem Profile, T4
- Feline Health Panel  
CBC, Chem profile, UA, T4
- IMHA Panel (Ca or Fe)  
CBC, Coombs, Retic

**PROFILES**

- Chemistry Profile (Small Animal)  
Creatinine, BUN, TP, Albumin, Ca, Phos, Na, K, Cl, HCO3, Cholesterol, Triglycerides, ALP, CALP (canine only), ALT, Glucose, GGT, T Bili
- Chemistry Profile (Large Animal)  
Creatinine, BUN, TP, Albumin, Mg, Ca, Phos, Na, K, Cl, HCO3, CK, AST, ALP, Glucose, GLDH, GGT, T Bili, Cholesterol,
- Chemistry Profile (Avian/Reptile)  
CK, AST, Albumin, Phos, Glucose, Ca, GLDH
- Electrolyte Profile  
Na, K, Cl, Albumin, Ca, Phos, HCO3
- Liver Profile (Small Animal)  
ALT, ALP, CALP (canine only), GGT, T Bili, BUN, Glucose, Albumin, Cholesterol
- Liver Profile (Large Animal)  
GLDH, AST, ALP, CALP, GGT, T Bili, BUN, Albumin, Cholesterol, TP
- Presurgical Profile  
Creat, BUN, TP, Alb, Gluc, ALP, ALT

**PROFILES**

- Renal Profile  
Creatinine, BUN, TP, Albumin, Ca, Phos, Na, K, Cl, HCO3, Glucose

**OTHER CHEMISTRY TESTS**

- GLDH
- Bile Acids  Pre  Post
- CALP (canine)  
CALP & ALP
- CALP Isoenzyme Profile (canine)  
CALP, ALP, Bone & Liver Fractions
- Fructosamine
- Magnesium
- Other \_\_\_\_\_

Note: Any test listed on Chem Profile can be requested as a single test

**URINE/FLUID CHEMISTRY**

- Electrolytes  
Na, K, Cl
- Electrolyte Clearance  
Ca, P, Na, K, Cl, Creatinine  
Urine and serum required
- Calcium
- Creatinine
- Phosphorus
- Protein
- Protein:Creatinine Ratio
- Triglyceride
- T. Bilirubin
- Urinalysis  
Collection Method \_\_\_\_\_

**HEMOSTASIS (REQUIRES SODIUM CITRATE)**

- PT  PTT
- Fibrinogen  FDP (canine)
- Coag Panel (requires Na Cit) PT, PTT, Fib
- Coag Panel w/FDP (canine) (requires Na Cit)  
PT, PTT, Fib, FDP
- Coag Panel w/PLT (requires Na Cit & EDTA)  
PT, PTT, Fib, PLT
- Coag Panel w/FDP & PLT (canine)  
(requires Na Cit & EDTA) PT, PTT, Fib, FDP, PLT

**CYTOLOGY/FLUID ANALYSIS**

(PROVIDE HISTORY ON REVERSE)

- Cytology  
Source \_\_\_\_\_
- Bone Marrow
- Lymphoma Package (min 5 unstained slides per site)  
Cytology, CD79a, CD3
- Smear Exam for Parasites
- Fluid Analysis  
Cell Count, Cytology, T Protein, S Gravity  
Source \_\_\_\_\_
- BAL
- Tracheal Wash
- Prostatic Wash

**ENDOCRINE AND PHARMACOLOGY**

- Cortisol (canine and feline)
  - ACTH Stim
  - Cortisol
  - HDDS
  - LDDS
- Progesterone (canine)
- T4 (canine and feline)
- TSH (canine)
- Thyroid Profile (canine) T4, TSH
- Bromide
- Phenobarbital

**OTHER TESTING**

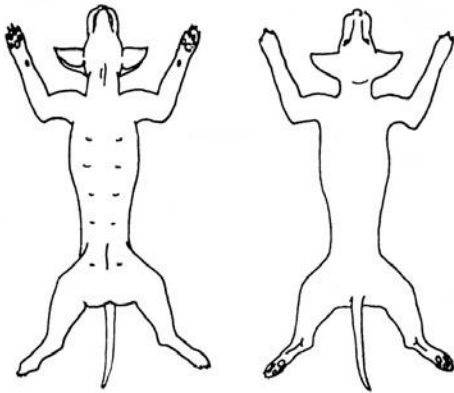
- Canine Snap @ 4DX + heartworm panel  
(includes: E. canis, Lyme disease, A. phagocytophilum, A. platys and Dirofilaria immitis)
- Feline Pancreatic Lipase-Snap Test (FPL)
- Canine Pancreatic Lipase-Snap Test (CPL)
- \_\_\_\_\_

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:**