

Clinical Pathology Request Form James L. Voss Veterinary Teaching Hospital

Overnight To: CSU Veterinary Diagnostic Lab
300 West Drake Road, DMC 123
Fort Collins, Colorado 80526
Clinical Pathology Phone: 970-297-1290
Clinical Pathology Fax: 970-297-4441
Email: clinpath@colostate.edu



Diagnostic Lab No: _____
Date Received: _____
www.dlab.colostate.edu Dlab Phone: 970-297-1281

All results will be faxed unless otherwise requested.
Fax and email must be complete and legible.

Person to be billed: () Veterinarian () Owner
Send Results by: () Fax () Email () Phone
Veterinarian: _____
Clinic: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone () _____ Fax: () _____
Email: _____

Owner: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone () _____ Fax: () _____
Email: _____
DATE COLLECTED: _____
___ Routine ___ ASAP ___ STAT (life or death)

Animal Name/ID: _____ Species: _____ Breed: _____ Age: _____ Sex: IM CM IF SF
History (include clinical diagnosis/ signs, duration, lesion size, number of animals affected):

CYTOLOGY SCYTO, SCYTO2 Please check, circle and/or fill in collection method and describe all sites that apply.

___ Lymph Node: FNA or Imprint; R. L. Submandibular, R. L. Prescapular, R. L. Popliteal, R. L. Lumbar, Other: _____

Descriptive info: _____

___ Skin Mass: FNA, Imprint, Scrape; Site: _____

Descriptive info: _____

___ Other Cytology: FNA, Imprint, Scrape; Liver, Spleen, Intra-thoracic or Intra-abdominal Mass, or Other Site: _____

Descriptive info: _____

___ Complete Fluid Analysis: Abdominal, Thoracic, Synovial, CSF, Other fluid: _____ SFLD, SCSF

___ Fluid, Films Only: BAL, Bronch Brush, TTW, Synovial, Abd, Thoracic, Other: _____

___ Bone Marrow: Includes CBC/Retic if EDTA submitted w/ blood film. SBM

___ Blood Film Review Only: By a pathologist SREV

___ PARR (PCR for LSA) on films or ___ FLOW on fluids if results not definitive. Dog/Cat only. For questions call 970-491-1170.

HEMATOLOGY

___ CBC SSCBC, SEQCBC, SFACBC, SARCBC

___ Reticulocyte Count SRETIC

___ Fibrinogen Only SFIB

___ Platelet Only SPLT

___ URINE: ___ Cysto ___ Void ___ Catheter

___ Urinalysis SUA

___ Urine Protein/Creatinine Ratio SUTP

___ Urine Na/K/Cl SULTYE

___ Fractional Excretions (weekdays only) UIP, AUIP

BIOCHEMISTRY PICK TESTS SPI-5

Circle up to 5 of the following tests:

Alb, ALP, Amylase, AST, ALT, BUN, Ca, Chol, CK,

Creat, GGT, Gluc, Iron, Lipase, Mg, Phos, SDH, T-Bili,

TP, T-CO2, Trig, Uric Acid, Lytes (Na, K, Cl = one)

Note: Globulin calculated if Total Protein and Albumin ordered.

COAGULATION

___ PT SPT ___ INR calculation

___ APTT SAPTT

___ PT/APTT SPT/APTT

___ FDP SFDP Dog only.

___ D-Dimer SDDT Dog, Horse only.

___ ATIII SAT

___ PT/APTT/Plt SC3

___ PT/APTT/FDP SCOAG

___ PT/APTT/Plt/FDP/DD/AT SC6

DIAGNOSTIC BIOCHEMICAL PROFILES

___ Small Animal SSADP

___ Equine SEDP

___ Avian/Reptile SARP

___ Food Animal SFADP

IMMUNOHEMATOLOGY

___ Blood Type, Card: K9 SK9TYPE Feline SFBT

___ Emergency Foal IgG EFC

___ Crossmatch SXM Donor ID: _____

___ Coombs Test SCOO: Dog, Cat, Horse

MISCELLANEOUS

Please circle:

___ Bile Acids SBA, SBA2:

Fasted 2° Post-Prandial

___ Fructosamine: Tues/Fri SFRUC

___ Ionized Calcium SICA

___ Ethylene Glycol SEG:

Serum Urine

___ Osmolality SOSM, SIOSMO:

Serum Urine

___ CO, MetHgb COOX

ADDITIONAL DLAB OR CLIN PATH TESTS:

