



Forms and test info available at: www.dlab.colostate.edu For PARR or FLOW use Clinical Immunology Form

Clinical Pathology Request Form

Veterinarian: _____

Billing: Veterinarian Owner

Clinic: _____

Name _____

Phone #: _____

Address _____

City _____ State _____ Zip _____

Send Results to: Fax: _____ and/or Email: _____

If desired: rDVM: _____ Phone #: _____ Fax or Email: _____

Owner: _____ Patient: _____ Species _____ Breed: _____ DOB: _____ Sex: _____

DATE COLLECTED (required): _____ STAT (life or death-\$ fee applies)

Case History (and/or attach pertinent medical records):

CYTOPATHOLOGY

Cytology Number of Sites: _____

Site/Source(s): Lymph Node(s) _____ Skin Mass(es) _____

Liver Spleen Stomach Pancreas Small Intestine Colon Intra-Abdominal Mass: _____

Intra-Thoracic Mass: _____ Lung Other _____

Fluid, Cytology Only: BAL Bronch. Brush TTW Bile Cyst/Mass Synovial Other _____

Fluid Analysis SFLD (includes cytology, cell count, differential if applicable, and protein. Select chemistry values also available upon request.) Abdominal Thoracic Coelomic Pericardial CSF: Cisternal / Lumbar Synovial: _____

Bone Marrow (SBM) Include available CBC data w/ graphs. Includes CBC/Retic if concurrent EDTA blood submitted w/ blood film.

Blood Film Review By a pathologist SREV *Please provide a copy of CBC and instrument printouts

Immunocytochemistry (ICC) SICC Site: _____

HEMATOLOGY (EDTA Whole Blood)

CBC (Includes manual differential) Please send fresh blood smears with the blood tube SSCBC, SEQCBC, SFACBC, SARCBC

Hemogram (Automated CBC with automated differential/no slide review)

Platelet Count SPLT

Reticulocyte Count SRETIC

Fibrinogen Only, semi-quant SFIB

BIOCHEMISTRY (serum or lithium heparin plasma)

Diagnostic Profiles:

Small Animal Panel SSADP Avian/Reptile Panel SARP

Equine Panel SEDP Food Animal Panel SFADP

Individual(s): Choose up to 5 of the following SP1-SP5

ALB BUN GGT SDH TCO2

ALP CA GLU TBIL Uric Acid

AMY CHOL IRON TP LYTES

AST CK MG TRIG (Na, K, Cl)

ALT CRT (Creatinine) PHOS

Select ALB and TP for Globulins

Bile Acids SBA, SBA2 Fasted 2 hour post Resting*

Fructosamine SFRU *anytime, not fasted

Ethylene Glycol SEG Serum Urine

Ionized Calcium Panel: incl. Na+, K+, Cl-, HCO3-, AnGap,

iCa2+, corrected iCa - Lithium Heparin whole blood or plasma collected anaerobically. See website for details. SICA

PROTEIN ELECTROPHORESIS SPEL Serum Urine

IMMUNOFIXATION SIMF Serum

URINE: Collection Method: _____

Urinalysis SUA Urine Protein-Creatinine Ratio SUTP

*Call for other available urine chemistry tests

IMMUNOHEMATOLOGY

Blood Type, Canine DEA 1 (EDTA whole blood) SK9TYPE

Blood Type, Feline A/B (EDTA whole blood) SFBT

Coombs Test (EDTA whole blood) SC00

Emergency Foal IgG Snap Test SEFG (EDTA Whole Blood, serum, or heparinized plasma during non-business hours- call first)

COAGULATION (citrate tube/plasma)

Must be received with-in 30 min if not spun. Otherwise, please spin the tube for 10-12 min in centrifuge and send the plasma in a plain tube (appropriately labeled as cit. plasma). Freeze plasma if shipping the sample. Refrigeration is fine for same day drop-off.

PT w/INR SPT PT/APTT/Fib COAG

APTT SAPTT PT/APTT/Plt SC3

PT/APTT SPT/APTT PT/APTT/DD**/AT SC4

FDP* SFDP PT/APTT/Fib/DD**/AT SC5

D-Dimer (DD)** SDDT *FDP avail. in dogs only

Anti-thrombin (AT) SAT **D-Dimer avail. in dogs and horses only

Some additional tests offered on a case by case basis, please call for details.