



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			
<input type="checkbox"/> Check box to make laboratory results unavailable to VMCVM Clinician(s) upon patient's referral and/or consult.			
COLLECTION DATE & TIME:		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
CHEMISTRY	HEMATOLOGY	BACTERIOLOGY	
<input type="checkbox"/> BOVINE PROFILE G, R <input type="checkbox"/> LARGE ANIMAL PROFILE G, R <input type="checkbox"/> LARGE ANIMAL MINI G, R <input type="checkbox"/> SMALL ANIMAL PROFILE G, R <input type="checkbox"/> SMALL ANIMAL HYPERTHY G, R <input type="checkbox"/> SMALL ANIMAL LIVER G, R <input type="checkbox"/> SMALL ANIMAL MINI G, R <input type="checkbox"/> SMALL ANIMAL NSAID G, R <input type="checkbox"/> SMALL ANIMAL PRE-OP G, R <input type="checkbox"/> SMALL ANIMAL RENAL G, R <input type="checkbox"/> CHEM 8 G, R <input type="checkbox"/> MINERALS (P, Ca, Mg) G, R <input type="checkbox"/> LYTES (Na, K, Cl, TCO ₂) G, R <input type="checkbox"/> PANCREATIC (AMY, LIP) G, R <input type="checkbox"/> PROTEINS (TP, Alb, Glob) G, R <input type="checkbox"/> BILE ACID (FASTING) G, R <input type="checkbox"/> BILE ACID (2H POST) G, R <input type="checkbox"/> D3HB G, R <input type="checkbox"/> SNAP cPL R <input type="checkbox"/> TRIGLYCERIDES G, R <input type="checkbox"/> OTHER:	<input type="checkbox"/> EQUINE/CAMELID CBC P <input type="checkbox"/> EQUINE/CAMELID Hemogram P <input type="checkbox"/> LARGE ANIMAL CBC P <input type="checkbox"/> LARGE ANIMAL Hemogram P <input type="checkbox"/> SMALL ANIMAL CBC P <input type="checkbox"/> SMALL ANIMAL Hemogram P <input type="checkbox"/> PATHOLOGIST'S REVIEW P <input type="checkbox"/> PCV/TP P <input type="checkbox"/> PCV/TP/Fibrinogen P <input type="checkbox"/> PLATELET COUNT P <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">LAB LABEL</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Plasma App: _____</div> <div>PCV: _____</div> <div>Protein: _____</div> <div>Tech Initials: _____</div> </div>	LAB USE ONLY- SAMPLE ID # SOURCE/SITE OF CULTURE: 1. _____ 2. _____ AEROBIC W/ SUSCEPTIBILITY <input type="checkbox"/> <input type="checkbox"/> AEROBIC NO SUSCEPTIBILITY <input type="checkbox"/> <input type="checkbox"/> ANAEROBIC CULTURE <input type="checkbox"/> <input type="checkbox"/> BLOOD CULTURE <input type="checkbox"/> <input type="checkbox"/> SMALL ANIMAL FECAL SCREEN <input type="checkbox"/> <input type="checkbox"/> LARGE ANIMAL FECAL SCREEN <input type="checkbox"/> <input type="checkbox"/> FUNGAL CULTURE/DTM _____ MYCOPLASMA CULTURE <input type="checkbox"/> <input type="checkbox"/> <i>Strep equi</i> (strangles) SCREEN <input type="checkbox"/> <input type="checkbox"/> STAIN GRAM <input type="checkbox"/> AFB <input type="checkbox"/> GRAM <input type="checkbox"/> AFB <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> <small>(consult with lab technician)</small>	PCR ASSAYS <input type="checkbox"/> BORRELIA BURGENDORFERI Tick <input type="checkbox"/> CDV <input type="checkbox"/> EHV-1 <input type="checkbox"/> FELINE CoV/FIP <input type="checkbox"/> SALMONELLA <input type="checkbox"/> THEILERIA/ANAPLASMA MARGINALE DUPLEX <input type="checkbox"/> ANAPLASMA PHAGOCYTOPHILUM <input type="checkbox"/> OTHER: _____ (CONSULT W/ LAB FOR NEW PCR TESTS)
URINE CHEMISTRY <input type="checkbox"/> CREATININE <input type="checkbox"/> PROTEIN <input type="checkbox"/> GGT <input type="checkbox"/> OTHER:		SPECIAL CHEMISTRY <input type="checkbox"/> CORTISOL PRE R <input type="checkbox"/> CORTISOL POST R <input type="checkbox"/> PHENOBARBITAL R <input type="checkbox"/> PROGESTERONE R <input type="checkbox"/> T4 R <input type="checkbox"/> TSH R <input type="checkbox"/> T4/TSH R	
BLOOD GAS <input type="checkbox"/> IONIZED CALCIUM R TEMPERATURE (*F): _____ (REQUIRED)		IMMUNOLOGY <input type="checkbox"/> BRUCELLA CANIS R <input type="checkbox"/> CAMELID IGG (RID) R <input type="checkbox"/> <i>Clostridium difficile</i> ELISA* Feces <input type="checkbox"/> <i>Clostridium perfringens</i> ELISA* Feces <input type="checkbox"/> SNAP FELV/FIV COMBO P, G, R <input type="checkbox"/> SNAP 4DX P, G, R	
COAGULATION <input type="checkbox"/> PT B <input type="checkbox"/> PTT B		BLOOD BANK Previous Transfusion? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DEA 1 BLOOD TYPE P <input type="checkbox"/> FELINE BLOOD TYPE P <input type="checkbox"/> CROSSMATCH P	
URINALYSIS <input type="checkbox"/> URINALYSIS (ROUTINE)		PARASITOLOGY <input type="checkbox"/> ZINC SULFATE FLOTATION 2-5g Feces <input type="checkbox"/> MCMASTER CAMELID TEST 2-4g Feces <input type="checkbox"/> MCMASTER STANDARD TEST 2-4g Feces <input type="checkbox"/> SHEATHER'S SUGAR FLOTATION 2-5g Feces <input type="checkbox"/> BAERMANN TEST 5-10g Feces <input type="checkbox"/> GIARDIA ANTIGEN TEST Feces <input type="checkbox"/> HEARTWORM ANTIGEN (F/C) P, G, R <input type="checkbox"/> KNOTT'S TEST Microfilariae P(WB) <input type="checkbox"/> PARASITE IDENTIFICATION <input type="checkbox"/> SEDIMENTATION 5-10g Feces	
SELECT COLLECTION METHOD: FREE-CATCH CATH CYSTO		NOTE: HISTOLOGY AND CYTOLOGY SUBMISSIONS HAVE UNIQUE SUBMISSION FORM	