

Accession No. _____

COMPARATIVE PATHOLOGY LABORATORY
Veterinary Diagnostic Laboratory
1490 Bull Lea Road
University of Kentucky
Lexington, KY 40512-4125
Clinical Lab 859 257-6732

CLINPATH SAMPLES ONLY

Submission Date _____ Protocol Number _____

Direct charge numbers required for billing:

DEPT. ID # _____, FUND # _____, PROGRAM CODE # _____, PROJECT # _____ (if applicable).

Internal Work Order Number: _____ (if applicable).

Name of departmental billing officer (**required**) _____ Telephone _____

If you do not know the charge numbers, please ask your departmental billing officer.

Lab Animal Veterinarian _____ Investigator _____ Department _____

Contact Person _____ Dept. Address _____

Telephone _____ Email _____ FAX _____

Species _____ Animal Room No. _____

Age _____ Sex _____ ID# _____

Complete background history & listing of clinical signs. Indicate why samples were collected (routine exam, diagnostic [problem or illness], quarantine, recheck, etc.): _____

CYTOLOGY

NUMBER OF SLIDES _____ STAIN USED: _____

SOURCE: _____ TYPE: Impression Smear FNA Other _____

HEMATOLOGY

RESTRAINT: _____ TIME OF COLLECTION: _____ FASTED: Yes No

VENIPUNCTURE SITE: _____ BLOOD DRAWN BY: _____

ANTICOAGULANT: EDTA Heparin Dry Liquid

TESTS (CIRCLE THOSE REQUESTED): CBC, WBC, PCV, TSP, differential, platelets. Other: _____

LAB PREFERENCE: In-house Outside lab (Livestock Disease Diagnostic Center, Antech)

SEROLOGY

TESTS (CIRCLE THOSE REQUESTED): Chemistry panel, thyroid panel, rodent screening. Other: _____

MICROBIOLOGY

SOURCE: _____

TESTS REQUESTED: Aerobic C & S Anaerobic culture Fungal culture Other screening (specify organism to be isolated): _____

PARASITOLOGY

TEST(S) REQUESTED: Direct Float Heartworm Fur pluck/mite check Other _____

URINALYSIS

COLLECTION TIME: _____ COLLECTION METHOD: Voided Cysto Catheter Other _____

STORAGE CONDITIONS: Fresh Refrigerated Other _____

TISSUE BIOPSIES

Fixative used: _____

Tissues submitted/anatomical location from where they were taken: _____

