

Practice:		
Veterinarian:		
Address:		
Phone:		
Fax:		
Specimen:		Collector's Initials
Site:	Date Collected:	Time Collected:
Patient Name:		
Owner:		
<b>Clinic Patient Chart No.:</b>		
Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Equine <input type="checkbox"/> Other: _____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Neutered/Spayed <input type="checkbox"/> Male <input type="checkbox"/> Intact	
Breed:	Age:	

**Case History:**

*(history, medication, clinical signs, pertinent lab findings, tentative diagnosis, suspected organisms)*

Other tissues/specimens submitted to: (check all that apply)

- Bacteriology/Mycology  
  Biopsy - Anatomical Pathology  
  Clinical Pathology  
 Cytology - Clinical Pathology  
  Endocrinology  
  Immunology  
 Necropsy - Anatomical Pathology  
  Parasitology  
  Virology

**Bacteriology/Mycology**

<b>For lab use only</b>	Date:	Accession #:																		
<table style="width:100%; border: none;"> <tr> <td style="width:33%;"><b>SPECIMEN REQUIREMENTS:</b></td> <td style="width:33%;">F = Feces</td> <td style="width:33%;">S = Serum</td> </tr> <tr> <td>A = Aspirate</td> <td>FL = Fluid</td> <td>SL = Slide</td> </tr> <tr> <td>AH = Aqueous humor</td> <td>G = Green Top</td> <td>SW = Swab Top</td> </tr> <tr> <td>B = Blue Top</td> <td>L = Lavender</td> <td>T = Tissue</td> </tr> <tr> <td>C = Culturette</td> <td>P = Plasma</td> <td>TI = Tissue Imprint</td> </tr> <tr> <td>CSF = Cerebrospinal Fluid</td> <td>R = Red Top</td> <td>U = Urine</td> </tr> </table>			<b>SPECIMEN REQUIREMENTS:</b>	F = Feces	S = Serum	A = Aspirate	FL = Fluid	SL = Slide	AH = Aqueous humor	G = Green Top	SW = Swab Top	B = Blue Top	L = Lavender	T = Tissue	C = Culturette	P = Plasma	TI = Tissue Imprint	CSF = Cerebrospinal Fluid	R = Red Top	U = Urine
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<input type="checkbox"/> Acid Fast Stain <input type="checkbox"/> Aerobic Culture <input type="checkbox"/> Aerobic & Anaerobic Culture <input type="checkbox"/> Aerobic/Anaerobic/Fungal Culture <input type="checkbox"/> Aerobic/Anaerobic/Mycoplasma Culture <input type="checkbox"/> Aspergillus AGID <span style="float:right">S</span> <input type="checkbox"/> Aspergillus Panel* <span style="float:right">G</span> <input type="checkbox"/> Blastomyces AGID <span style="float:right">S</span> <input type="checkbox"/> Blastomyces Antigen EIA* <span style="float:right">S, U</span> <input type="checkbox"/> Blood Culture <span style="float:right">Call Lab</span> <input type="checkbox"/> Brucella canis Serology <span style="float:right">S</span> <input type="checkbox"/> Campylobacter Culture <span style="float:right">F</span> <input type="checkbox"/> Clostridium difficile Toxin <span style="float:right">F</span> <input type="checkbox"/> Clostridium perfringens Enterotoxin <span style="float:right">F</span> <input type="checkbox"/> Clostridium Toxins Panel <span style="float:right">F</span> <input type="checkbox"/> Coccidioides AGID <span style="float:right">S</span> <input type="checkbox"/> Cryptococcus Antigen <span style="float:right">S or CSF</span> <input type="checkbox"/> Fecal Clostridium Culture <span style="float:right">F</span> <input type="checkbox"/> Fecal Culture, Other <span style="float:right">F</span> <input type="checkbox"/> Fecal Salmonella Culture <span style="float:right">F</span> <input type="checkbox"/> Fecal Salmonella/Campylobacter <span style="float:right">F</span> <input type="checkbox"/> Fecal Salmonella/Clostridium <span style="float:right">F</span> <input type="checkbox"/> Fecal Salmonella/Clost/Campy <span style="float:right">F</span> <input type="checkbox"/> Fungal Culture <input type="checkbox"/> Fungal Microscopy <input type="checkbox"/> Fungal Susceptibility <span style="float:right">Call Lab</span> <input type="checkbox"/> Gram Stain <input type="checkbox"/> Helicobacter Studies <input type="checkbox"/> Histoplasma AGID <span style="float:right">S</span> <input type="checkbox"/> Histoplasma Antigen EIA* <span style="float:right">S, U</span> <input type="checkbox"/> Milk Culture <span style="float:right">Milk</span> <input type="checkbox"/> Mycobacterium Culture <input type="checkbox"/> Mycobacterium Susceptibility for Rapidly Growing AFB and Aerobic Actinomycetes <span style="float:right">Call Lab</span> <input type="checkbox"/> Mycoplasma Culture <input type="checkbox"/> Organism ID PCR With Sequencing Urine Culture <span style="float:right">U</span> <input type="checkbox"/> Cysto <input type="checkbox"/> Voided <input type="checkbox"/> Catheterization																				

Current or recent antibiotics:

\* Denotes a Send Out Test

**Lab Contact Information:** (For additional lab forms call lab or visit website below)

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[www.vet.utk.edu/diagnostic/bacteriology](http://www.vet.utk.edu/diagnostic/bacteriology)