



Clinical Pathology Laboratory Submission Form

Kansas State Veterinary Diagnostic Laboratory

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Kansas State Veterinary
DIAGNOSTIC LABORATORY

Laboratory Use Only

Case Coordinator

Panel

Accession Number

BILL TO Client Owner Third Party Third Party to Receive Results? Y N

Third Party Contact Info: _____

CLIENT

ACCOUNT #

OWNER/PRODUCER

Veterinarian: _____

Owner Name: _____

Clinic or Company: _____

Business/Premise: _____

Address: _____

Address: _____

City, State: _____ Zip: _____

City, State: _____ Zip: _____

Phone: _____ Fax: _____

Phone: _____ Cell: _____

Email: _____

Fax or Email: _____

Send Results Via (Check all that apply): Fax Email Online Only Also Send Results to Owner: _____

Animal/Specimen Information

Sex Codes: M = Male, MC = Castrated Male, F = Female, FS = Spayed Female

Age Codes: Y = Years, M = Months, W = Weeks, D = Days

	Species	Animal ID #	Breed	Sex	Age	Specimen Type(s) (serum, urine, slide, etc.)	Date & Time sample collected
1							
2							

Hematology Assays

- Automated platelet count (EDTA)
- Blood film examination for Atypical Cells
- Blood film examination for Parasites
- CBC (avian/reptile) (Heparin)
- CBC (LA mammalian) with fibrinogen (heat ppt.) (EDTA)
- CBC (SA mammalian) (EDTA)
- Crossmatch (up to 5 donors)
- Manual platelet count (EDTA)
- Reticulocyte concentration (need RBC count) (EDTA)
- Total Protein (refract) & Fibrinogen (heat ppt.) (EDTA)
- Total Protein (refract). & Hct (EDTA)

Coagulation Assays

(Na Citrate – blue top, plasma separated, sent on ice overnight)

- Coagulation/Fibrinolysis Profile (PT, APTT, Fibrinogen, FDP)
- Coagulation Profile (PT & APTT)
- Fibrin/Fibrinogen Degradation Products (FDP)(plasma)
- Fibrinogen (Clauss method)
- Prothrombin Time (PT)

Chemistry Panels (serum or plasma, separated)

- Avian/Reptile Chemistry Panel (heparin, green top)
- Dairy Metabolic Profile (Ca, Mg, P, NEFA)
- Electrolyte Panel (Na, K, Cl)(red top)
- Equine Chemistry Panel (red top)
- Hepatic Profile (red top)
- Renal Profile (Urea N, Creatinine, Pi, Na, K, Cl)(red top)
- Ruminant Chemistry Panel (red top)
- Small Animal Chemistry Panel (red top)

Urinalyses (routine & quantitative)

Collection: voided catch off floor off table
 cystocentesis catheter

- Calcium
- Chloride
- Creatinine
- GGT
- Glucose (Clinitest)
- Magnesium
- Phosphorus
- Potassium
- Protein/Creatinine Ratio
- Protein, micro method
- Sodium
- Urea Nitrogen
- Uric Acid
- Urinalysis with microscopic exam
- Urinalysis without microscopic exam

Individual Chemistry Assays

- Albumin
- ALP
- ALT (SGPT)
- Amylase
- AST (SGOT)
- BHBA
- Bicarbonate
- Bile Acid (serum only)
 - Fasting
 - Post 2 hr.
 - Random
- Bilirubin, Direct
- Bilirubin, Total
- Calcium (total)
- Chloride (Cl)
- Cholesterol
- CK
- Colloid osmotic pressure
- Creatinine
- GGT
- Glucose
- Lipase
- Magnesium (total)
- NEFA
- Osmolality
- Phosphorus (Pi)
- Potassium (K)
- Protein, Total
- Protein electrophoresis
- Sodium (Na)
- Triglyceride
- Urea Nitrogen, BUN
- Uric Acid

This submission form is a legal binding contract between KSVLD and the submitting entity. All specimens, animals, and/or biological materials submitted to the KSVLD as well as any test results, diagnoses, or other analyses resulting from these submissions will become the property of KSVLD. All fees incurred are the responsibility of the submitting entity. A 1.5% finance charge will be assessed on all charges over 30 days.

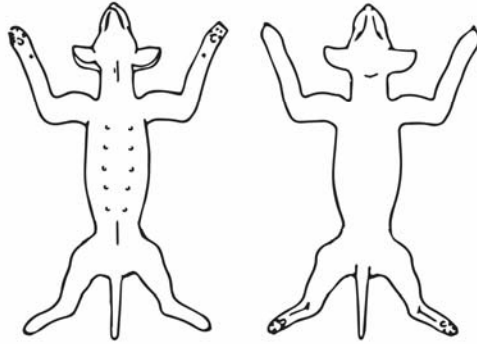
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Veterinarian Name _____ Owner Name _____

Reserved for
Accession Number

Fluid Analysis

- CSF (TP, TNCC, RBC, Pandys, slide exam)
Site: AO Lumbar
- Pericardial Fluid (ref. TP, TNCC, slide exam)
- Peritoneal Fluid (ref. TP, TNCC, slide exam)
- Pleural Fluid (ref. TP, TNCC, slide exam)
- Synovia (ref. TP, TNCC, mucin clot, slide exam)
- Tendon Sheath fluid (same as synovia analysis)
- Total Nucleated Cell Count (TNCC) & Total Protein
- TNCC only
- Total Protein (refractometric) only



Ventral

Dorsal

Tissue Analysis ("Cytology")

Complete Site Information Below For These Requests

- Microscopic examination of cells ("cytology")
- Bone marrow aspiration biopsy
- Bone marrow core biopsy

Special Requests: _____

Site #1: Tissue or Lesion Biopsy

Collection method: Aspirate Brushing Core Imprint Lavage Scraping Washing Other

Source Sample:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Bone | <input type="checkbox"/> Kidney | <input type="checkbox"/> Mouth | <input type="checkbox"/> Skin (subcutaneous) |
| <input type="checkbox"/> Bone marrow | <input type="checkbox"/> Liver | <input type="checkbox"/> Nose | <input type="checkbox"/> Tracheal washing |
| <input type="checkbox"/> Bronchoalveolar lavage | <input type="checkbox"/> Lung | <input type="checkbox"/> Prostate | <input type="checkbox"/> Urinary bladder |
| <input type="checkbox"/> Intestine | <input type="checkbox"/> Lymphnode _____ | <input type="checkbox"/> Skin (epidermis/demis) | <input type="checkbox"/> Vagina |

Other source/location _____

History and description of lesion (size & appearance) (mark location above):

Preliminary diagnosis or rule-outs _____

Was tissue also submitted for histopathologic examination? Yes No

Site #2: Tissue or Lesion Biopsy

Collection method: Aspirate Brushing Core Imprint Lavage Scraping Washing Other

Source Sample:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Bone | <input type="checkbox"/> Kidney | <input type="checkbox"/> Mouth | <input type="checkbox"/> Skin (subcutaneous) |
| <input type="checkbox"/> Bone marrow | <input type="checkbox"/> Liver | <input type="checkbox"/> Nose | <input type="checkbox"/> Tracheal washing |
| <input type="checkbox"/> Bronchoalveolar lavage | <input type="checkbox"/> Lung | <input type="checkbox"/> Prostate | <input type="checkbox"/> Urinary bladder |
| <input type="checkbox"/> Intestine | <input type="checkbox"/> Lymphnode _____ | <input type="checkbox"/> Skin (epidermis/demis) | <input type="checkbox"/> Vagina |

Other source/location _____

History and description of lesion (size & appearance) (mark location above):

Preliminary diagnosis or rule-outs _____

Was tissue also submitted for histopathologic examination? Yes No

OPENED BY <input type="text"/>	Courier Record <input type="checkbox"/>	Courier <input type="checkbox"/>	FedEx <input type="checkbox"/>	Hand-Delivered <input type="checkbox"/>	Mail <input type="checkbox"/>	UPS <input type="checkbox"/>
	Coolant Record <input type="checkbox"/>	Coolant Pack <input type="checkbox"/>	Dry Ice <input type="checkbox"/>	Frozen <input type="checkbox"/>	None <input type="checkbox"/>	
	Sample Condition <input type="checkbox"/>	Good <input type="checkbox"/>	Broken <input type="checkbox"/>	Leaked <input type="checkbox"/>	Other <input type="checkbox"/>	_____