Plasma Veterinary Clinical and Surgical Pathology Laboratory

Test Request Form

PLASMA
Veterinary Clinical and Surgical Pathology Lab

PATIENT INFO | **EXAMINER DR.**

Owner Name: | **Patient Name:** | **Dr Name:** | **Clinic Name:**

Age: ☐Spayed/Neutered | **Clinic Tel:** | **Clinic Address:**
Sex: ☐Intact

Would you like the patient to be seen by one of our veterinarian? ☐Yes ☐No ☐I'll call you later
Is a professional interpretation needed? ☐Yes ☐No

PRINCIPAL REASON FOR REFERRAL

☐**Check up** ☐**Disorder**

Chief Complaint:

☐Fever
☐Lethargy
☐Anorexia
☐Weight loss
☐Diarrhea
☐Vomiting
☐PU/PD
☐Dysuria
☐Cough
☐Respiratory distress
☐Paralysis
☐Itching
☐Alopecia
☐Seizure
☐Coma
☐Others

Known or suspected complication in:

☐Skin
☐Ear
☐Eye
☐GI
☐Kidney and urogenital system
☐Liver
☐Heart
☐CNS
☐Musculoskeletal
☐Endocrine system
☐Others

Comment:

Medication:

SAMPLE DETAILS

Sample taken from patient: **Date:** **Time:**

Urgency:
☐Normal
☐Urgent

☐Fasting
☐Nonfasting

Sample type
☐Whole blood
☐Clotted blood
☐Serum
☐Hair and dandruff
☐Deep skin scraping
☐Urine
☐CSF
☐Peritoneal fluid
☐Pleural fluid
☐Synovial fluid
☐Imprint Smear
☐Fecal swab
☐Fecal sample
☐Ear discharge
☐FNA
☐FNB
☐Bird Feather
☐Others

TESTS REQUESTED

Hematology
☐CBC. Diff
☐Blood parasite
☐Bone marrow
☐PT
☐PTT
☐ESR

Electrolyte
☐Sodium
☐Chloride
☐Potassium

Rapid Test
☐Feline Parvovirus
☐Canine Parvovirus
☐FeLV
☐FIV
☐Distemper
☐Feline Toxoplasma
☐Leishmania

Skin/Urine/Feces/Vagina
☐Dermatophyte Direct Ex.
☐Dermatophyte Culture
☐Skin Parasite
☐Ear Discharge Ex.
☐Urine Analysis
☐Urine Culture
☐Fecal Ex.
☐Fecal Culture
☐Vaginal Cytology

Biochemistry
☐AST
☐ALT
☐ALP
☐GGT
☐Urea/BUN
☐Creatinine
☐LDH
☐Total Protein
☐Albumin
☐Globulin
☐Fibrinogen
☐CRP
☐CPK
☐Glucose
☐TG
☐Cholesterol
☐Calcium
☐Phosphorous
☐Iron
☐Amylase
☐Lipase
☐Uric acid
☐Zinc
☐B12
☐Folic acid

Hormone
☐Feline Total T4
☐Feline Free T4
☐Canine Total T4
☐Canine Free T4
☐Progesterone
☐Testosterone
☐Parathormone
☐Serum Cortisol
☐Urine Cortisol

Specific Tests
☐Protein Electrophoresis
☐Bone Marrow
☐Peritoneal fluid analysis
☐Pleural fluid analysis
☐BAL fluid analysis
☐CSF analysis
☐Synovia fluid analysis
☐Knott Test
☐Cytology
☐Pathology
☐Blood Gases
☐Antibiogram
☐✹Bird Sex Determination

☐**Check up< 5 years**
☐**Check up> 5 years**

☐ **Rabies Titer**

Other Requested Tests:

Requester Signature: