



For Lab Use Only

Rec'd Date:

Rec'd By:

Urgent Sample (additional \$50 fee)

Submitter's Name:	Owner's Name (if apl):
Organization:	Date Sampled:
Address:	Date Shipped:
	Species:
Phone:	Age:
Fax:	Sex:
Email:	Animal/Sample ID:
Results by: <input type="checkbox"/> mail <input type="checkbox"/> fax <input type="checkbox"/> email	Specimen:

Use form on back for additional animal/specimen information.

Service Requested

Diagnostics	Microbiology
<input type="checkbox"/> Electrolytes <input type="checkbox"/> Hematocrit/Total Protein <input type="checkbox"/> Fibrinogen <input type="checkbox"/> Mammal Automatic CBC <input type="checkbox"/> Manual Differential <input type="checkbox"/> Serum Protein Electrophoresis <input type="checkbox"/> Mammal Chemistry Profile (Alb, Alkp, Alt, Amyl, Bun, Ca, Chol, Crea, Glob, Glu, Phos, Tbil, TP) <input type="checkbox"/> Avian Chemistry Profile (Alb, Ast, Ca, Glob, Glu, TP, Uric) <input type="checkbox"/> Mammal Total Health (CBC/HCT/TP/Chem/Electrolytes) <input type="checkbox"/> Avian Total Health (CBC/HCT/TP/Chem)	<input type="checkbox"/> Aerobic ID <input type="checkbox"/> Anaerobic ID <input type="checkbox"/> Aerobic & Anaerobic ID <input type="checkbox"/> Antibiotic Sensitivity Only <input type="checkbox"/> Culture & Sensitivity <input type="checkbox"/> Fungal ID <input type="checkbox"/> Virus Isolation
	Serology
	<input type="checkbox"/> Avian Adenovirus <input type="checkbox"/> Avian Orthoreovirus <input type="checkbox"/> Avian Influenza ELISA <input type="checkbox"/> Infectious Bursal Disease ELISA <input type="checkbox"/> Newcastle Disease Virus ELISA <input type="checkbox"/> Orthoreovirus ELISA <input type="checkbox"/> Pasteurella multocida ELISA <input type="checkbox"/> Salmonella enteritidis ELISA
Additional Chemistries: <input type="checkbox"/> Alb <input type="checkbox"/> Ca <input type="checkbox"/> Glu <input type="checkbox"/> Phos <input type="checkbox"/> Upro <input type="checkbox"/> Alkp <input type="checkbox"/> Chol <input type="checkbox"/> Lac <input type="checkbox"/> Tbil <input type="checkbox"/> Uric <input type="checkbox"/> Alt <input type="checkbox"/> Ck <input type="checkbox"/> Ldh <input type="checkbox"/> Tp <input type="checkbox"/> Amyl <input type="checkbox"/> Crea <input type="checkbox"/> Lipa <input type="checkbox"/> Trig <input type="checkbox"/> Ast <input type="checkbox"/> Ggt <input type="checkbox"/> Mg <input type="checkbox"/> Ucrea <input type="checkbox"/> Bun <input type="checkbox"/> Glob <input type="checkbox"/> NH ₃ <input type="checkbox"/> Upc	Comments:

