

Clinical Pathology Request Form

James L. Voss Veterinary Teaching Hospital

FedEx/UPS/DHL: CSU Diagnostic Lab
300 West Drake Road, DMC 123
Fort Collins, Colorado 80526
Clinical Pathology contacts:
Phone: 970-297-1290 Fax: 970-297-4441
Email: clinpath@colostate.edu



Diagnostic Lab No:
Date Received:
Dlab Phone: 970-297-1281

All results will be faxed unless otherwise requested.
Fax and email must be complete and legible.

Person to be billed: Veterinarian: Owner:
Send Results by: Fax: Email: Phone:
Veterinarian:
Clinic:
Address:
City: State: Zip:
Phone: Fax:
E-Mail:

Owner:
Address:
City: State: Zip:
Phone: Fax:
Email:

DATE COLLECTED:
STAT (life or death; fee applies):

Animal Name/ID: Species: Breed: Age: Sex: IM CM IF SF

Pertinent HISTORY and PURPOSE of this exam (How does this submission relate to your case management?)

CYTOLOGY

SCYTO, SCYTO2 Please check all sites that apply and describe lesions:

- Submand Prescap Popliteal SubLumb Inguinal Other (site):
Lymph Node: Lt Rt Lt Rt Lt Rt Lt Rt Lt Rt Lt Rt
LN(s) description (size, number affected):
Skin Mass(es): FNA: Imprint: Scrape: Dermal: SubQ: Site(s):
Description (size, shape, color):
Other Tissue: Liver: Spleen: Intra-thoracic: Intra-abdominal: Other Site:
Descriptive info: (i.e. mass?, U/S, etc.)
BONE MARROW Includes CBC/Retic if concurrent EDTA blood submitted w/ blood film. Submit concurrent data.
Blood Film Review Only (By a pathologist) Please provide a copy of instrument printouts including histograms or cytograms.
Fluid, Cyto Only BAL: Bile: Bronch Brush: Cyst: TTW: Synovial:
Other fluid source, cytology only and/or info:

FLUID ANALYSIS, Complete: Abdominal: Thoracic: CSF, Cisternal: CSF, Lumbar: Synovial:
Other source, complete fluid analysis and/or info:

HEMATOLOGY

- CBC SSCBC, SEQCBC, SFACBC, SARCBC
Reticulocyte Count Platelet Only SRETI, SPLT
Fibrinogen Only, semi-quant SFIB

URINE: Cysto Void Cath Surface
Urinalysis SUA Urine Prot/Creat Ratio SUTP
Na/K/Cl SULYTE Fractional Excret UIP, AUIP

BIOCHEMISTRY: PICK UP TO 5 TESTS SP1-5

- Alb BUN GGT SDH TCO2
ALP Ca Glu TBil Lytes
Amy Chol Iron TP (Na, K, Cl)
AST CK Mg Trig
ALT CRT Phos Uric acid

COAGULATION
PT INR SPT APTT SAPTT
PT/APTT SPT/APTT ATIII SAT
FDP K9 only SFDP
D-Dimer K9, Eq only SDDT
PT/APTT/Plt SC3
PT/APTT/FDP SCOAG
PT/APTT/Plt/FDP/DD K9 only SC5
PT/APTT/Plt/FDP/DD/AT K9 only SC6

Note: Globulin calculated if Total Protein and Albumin ordered.

DIAGNOSTIC BIOCHEMICAL PROFILES

- Small Animal Avian/Reptile SSADP, SARP
Equine Food Animal SFAD, SED

IMMUNOHEMATOLOGY
Blood Type K9/Fel only SK9TYPE, SFBT
Foal IgG EFC
Coombs Test K9, Fel, Eq only SCOO

MISCELLANEOUS

Please Specify:

- Bile Acids Fasted: 2° PP: SBA, SBA2
Fructosamine (Run Tues/Fri) SFRUC
Ionized Calcium SICA
Ethylene Glycol Serum: Urine: SEG
Osmolality Serum: Urine: SOSM, SIOSM

ADDITIONAL CLIN PATH TESTS:

Prices are subject to change. Current prices, tests, sample requirements and specific forms are available at

www.dlab.colostate.edu

For PARR or Flow, please use the Clinical Immunology form.