

# Sample Submission

Submitter/Veterinarian:			Return by:	Lab number	
Address:			<input type="radio"/> Mail		
t:	f:	e:	<input type="radio"/> Fax	Fee Schedule	
			<input type="radio"/> Email		Instructions
Species/product:		Date collected:		Special Requirements	
Owner:				Temp:	<input type="radio"/> C <input type="radio"/> F
Animal name/I.D.:				Prev Sub#:	
Sex:				Age:	
Birth date:				Placement :	
				Profile:	

<b>Veterinary Microbiology</b>
Site:
<input type="radio"/> Culture & sensitivity
<input type="radio"/> Milk culture & sensitivity
<b>Non-Routine</b>
<input type="radio"/> Mycoplasma culture
<input type="radio"/> Anaerobic culture
<input type="radio"/> Campylobacter culture
<input type="radio"/> Dermatophyte culture

<b>Clinical Pathology</b>
<input type="checkbox"/> Serum chemistry
<input type="radio"/> ALB <input type="radio"/> CREA <input type="radio"/> TBil
<input type="radio"/> AST <input type="radio"/> GGT <input type="radio"/> TP
<input type="radio"/> BUN <input type="radio"/> GLOB <input type="radio"/> Cl-
<input type="radio"/> Ca <input type="radio"/> GLU <input type="radio"/> Na+
<input type="radio"/> Chol <input type="radio"/> Mg <input type="radio"/> K+
<input type="radio"/> Ck <input type="radio"/> Phos <input type="radio"/> Other
<input type="checkbox"/> Hematology (CBC & Diff)

<b>Pathology</b>
<input type="radio"/> Necropsy
<input type="checkbox"/> Routine <input type="checkbox"/> Insurance/legal
<input type="radio"/> Histology
<input type="checkbox"/> Biopsy <input type="checkbox"/> Single <input type="checkbox"/> Multiple

<b>Parasitology</b>
<input type="radio"/> Fecal float
<input type="radio"/> Baermann's
<input type="radio"/> Tick identification
<input type="radio"/> Giardia float
<input type="radio"/> Cryptosporidium

<b>Poultry Specific</b>
<input type="checkbox"/> ELISA
<input type="radio"/> Routine <input type="radio"/> Specific
<input type="radio"/> Direct fecal smear
<input type="radio"/> Virus isolation
<input type="radio"/> Histology (N.S)
<input type="radio"/> Salmonella surveillance
Other:

<b>Regulatory Milk</b>
<input type="radio"/> Test all <input type="radio"/> Resample
<input type="radio"/> Components
<input type="radio"/> Plate loop count
<input type="radio"/> Inhibitors
<input type="radio"/> Added water
<input type="radio"/> Sediment analysis
<input type="radio"/> Somatic cells

<b>Non Reg. Milk</b>
<input type="radio"/> Somatic cells
<input type="radio"/> Components

<b>Regulatory Meat</b>
<input type="radio"/> Listeria
<input type="radio"/> Coliforms
<input type="radio"/> E. coli
<input type="radio"/> Inhibitors
<input type="radio"/> Parasites

<input type="checkbox"/> Other Request (ask us!)
--

<b>Attention:</b>
-------------------

<b>History &amp; Comments:</b>

<b>Laboratory Receiving:</b>
------------------------------

Sample#	+Description:

Date:	Time:

Received by:	Temp:

Condition:

Sent to:	<input type="radio"/> Lab	<input type="radio"/> PM.B	<input type="radio"/> D.Surv.	<input type="radio"/> Sp. Proj.	<input type="radio"/> Histo
----------	---------------------------	----------------------------	-------------------------------	---------------------------------	-----------------------------

Submitter contacted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NAR#

Approved: Dr. Laura Rogers	Revised: FEB 10, 2009	ID: R581-01
----------------------------	-----------------------	-------------