

College of Veterinary Medicine
 Clinical Pathology Laboratory
ROUTINE SUBMISSION FORM

625 Harrison Street, G351 Lynn Hall West Lafayette, IN 47907-1249

Laboratory Director:

Andrea Santos, DVM, PhD, DACVP

For Test Information or Results:

Phone # (765) 494-7563 Fax # (765) 494-8640

VETERINARIAN:

Name _____

Email _____

Clinic Name _____

Email _____

Address _____

City, State ZIP _____

Phone _____

Fax _____

Date Collected _____

OWNER:

Name _____

Chart # _____

Animal _____

Species _____

Breed _____

Sex _____

DOB _____

CHEMISTRY

- ___ Albumin
- ___ ALKP
- ___ ALT
- ___ Ammonia (pre)
- ___ Ammonia (post)
- ___ Amylase
- ___ AST
- ___ Bile Acid (pre)
- ___ Bile Acid (post)
- ___ Bilirubin, Total
- ___ BUN
- ___ Calcium
- ___ Canine CRP
- ___ Cholesterol
- ___ CK
- ___ Creatinine
- ___ ECO2
- ___ Fructosamine
- ___ GGT
- ___ Glucose
- ___ Lipase
- ___ Magnesium
- ___ pL
- ___ Phosphorus
- ___ Potassium
- ___ Sodium
- ___ Total Protein
- ___ Triglycerides

PANELS

- ___ Electrolytes Panel
(Na, K, Cl, ECO2, AGAP)
- ___ Bili Panel
(T. Bili, Bu, Bc, Delta)
- ___ Globulin Panel
(Alb, TP, Globulin, A/G ratio)
- ___ Renal Panel
(Na, K, Cl, ECO2, AGAP, Ca, Phos, BUN, Crea, Alb)
- ___ Chem 8
(Na, K, Cl, ECO2, Glu, BUN, Crea)

Small Animals

- ___ Panel 1
(Crea, Glu, ALT, Alkp, GGT)
- ___ Panel 2
(BUN, Glu, ALT, Alkp, GGT, TP, Crea, T.Bili, Chol, Alb, Amyl, Ca, Phos, Na, K, Cl, ECO2, AGAP, Lipase, Trig)
- ___ SA Liver Panel
(ALT, Alkp, GGT, ALB, T.Bili)

Large Animals

- ___ Panel 1
(Crea, Glu, CK, Ca, GGT)
- ___ Panel 2
(BUN, Glu, CK, Ca, Alb, Crea, Na, K, AST, TP, Alkp, Phos, Mg, GGT, Cl, ECO2, T.Bili, AGAP, Trig)
- ___ LA Liver Panel
(AST, ALP, CK, GGT, Alb, T.Bili, Trig, BUN)

COAGULATION

*Contact Lab

HEMATOLOGY

- ___ CBC
 - ___ Platelet
- SNAP TEST**
- ___ Canine Parvo
 - ___ FeLV/FIV/FeHW
 - ___ 4Dx
 - ___ Fe Pro-BNP

MISCELLANEOUS

- ___ Occult Blood

URINE/FLUID CHEMISTRY

- ___ Microprotein
- ___ Creatinine
- ___ GGT
- ___ GGT/Creatinine
- ___ Microprotein/
Creatinine
- ___ NA
- ___ CA
- ___ K
- ___ Phos

URINALYSIS

- ___ Routine UA
 - ___ Cysto
 - ___ Voided
 - ___ Catheter
 - ___ Off Floor
 - ___ SUB
- Color _____
- Turbidity _____
- Sp. Gravity _____
- pH _____
- Protein _____
- Glucose _____
- Ketone _____
- Bilirubin _____
- O. Blood _____
- Uro. Bili _____
- WBC _____
- RBC _____
- Epith _____
- Sperm _____
- Bacteria _____
- Cast _____
- Crystal _____
- Other _____

OTHER TESTS