

Clinical Mentorship Site Facility Requirement Agreement VM 22700

You must visit the Clinical Mentorship Site and determine if the following equipment and supplies are readily available for your use during the Clinical Mentorship. The Clinical Mentorship Site Facility Requirement Agreement form must be completed and signed. All boxes must be checked by the facility DVM to verify that each criteria is met. Each section must be initialed by the facility DVM.

Microscope and Related Supplies

NOTE: We highly recommend, if the microscope has not been professionally serviced within the last six (6) months and/or is in a questionable state of repair, that it be professionally serviced.

Microscopes which are in a state of disrepair, out of adjustment, or dirty internally or externally will create difficulties for the student in providing accurate results. If there is any question of the suitability of the microscope for use in hematology, cytology and urinalysis, service personnel will usually be able to assist you in determining appropriateness. Because of the great variability in the quality of microscopes, some microscopes meeting these minimum criteria may still not be suitable for this mentorship.

Specify Make and Model of Microscope: _____

- Binocular
- 10X oculars
- Objectives:
 - 4-5X (scanning) optional
 - 10X (low power)
 - 40-50X (high dry)
 - 100X (oil immersion)
- Mechanical stage
- Functional and properly aligned condenser and diaphragm
- Light source of ≥ 20 watts
- Immersion oil
- Lens paper
- Lens cleaning solution
- All parts clean, functional properly adjusted and aligned

_____ Facility DVM initials verifying all criteria for Microscope

Hematology Supplies and Instruments

- Specify Make and Model of Analyzer: _____
- Automated hematology analyzer with appropriate supplies capable of providing:
 - Red blood cell counts
 - White blood cell counts + individual cell or composite differential
 - Platelet counts
 - Hematocrit
 - Hemoglobin (may be performed with either a stand-alone instrument or as a function of an automated hematology or chemistry analyzer)
 - Specify Make and Model of Hemoglobin Analyzer: _____
- Microhematocrit (packed cell volume [PCV]) centrifuge
 - Specify Make and Model of Centrifuge: _____
- Microhematocrit (PCV) tubes (plain)
- Microhematocrit (PCV) clay sealant
- Microhematocrit (PCV) reader
- Refractometer (clinical, with total protein and specific gravity scales)
 - Specify Make and Model of Refractometer: _____
- Frosted-end glass microscope slides
- Stains (both are required)
 - Quick stain (ex. Diff-Quik)
 - Specify Brand of Stain: _____
 - New Methylene Blue (*must NOT be NMB stain designated for "Schalm" staining method*)
 - Specify Brand of Stain: _____
- EDTA blood collection tubes, appropriate for patient size
- Laboratory wipes
- Small plain test tubes
- Microscope slide mailers
- Hand tally (single digit and/or multi-key differential counter) optional

_____ Facility DVM initials verifying all criteria for Hematology

Urinalysis

- Centrifuge appropriate for centrifuge tubes and for centrifuging urine
 - Specify Make and Model of Centrifuge:_____
- Conical centrifuge tubes
- Urine chemistry test strips (minimum tests: pH, glucose, ketones, bilirubin, blood, protein)
 - Specify Brand of Chemistry Strips:_____
- Frosted end glass microscope slides
- Cover slips
- Stain (optional), New Methylene Blue or Sedi(type) stain
- Disposable pipettes
- Refractometer (clinical, with total protein and specific gravity scales)
- Test tube rack

_____ Facility DVM initials verifying all criteria for Urinalysis

Clinical Chemistry

- Automated chemistry analyzer with appropriate supplies
 - Specify Make and Model of Analyzer:_____
- Clot (plain red top) blood collection tubes appropriate for patient size
- Serum or plasma separator blood collection tubes appropriate for patient size
- Anticoagulated blood collection tubes appropriate for patient size, specific tests, and brand of automated chemistry analyzer
- Centrifuge appropriate for serum and plasma blood collection tubes
- Wooden applicator sticks

_____ Facility DVM initials verifying all criteria for Clinical Chemistry

Serology

Two tests, using two different formats required. Formats include, but are not limited to SNAP®, SoloStep®, Test Wells, Slide agglutination test, Tube. Two of the same formats for different tests (ex. SNAP® for heartworm and SNAP® for FeLV) do NOT constitute two different formats.

Specify the two tests, including brand/manufacturer and format: ex. Heartworm, Heska, Lateral Flow Immune Assay

Test 1: _____

Test 2: _____

_____ Facility DVM initials verifying all criteria for Serology

Crossmatch

- Commercially available crossmatch kit

OR

- Simple crossmatch supplies
 - Six (6) appropriately labeled 12X75mm (5 mL) round-bottom disposable glass test tubes
 - Phosphate buffered saline (PBS)
 - EDTA blood collection tubes
 - Red-top clot tubes (NOT serum separator tubes)
 - Centrifuge
 - Disposable pipettes
 - Wooden applicator sticks
 - Frosted-end glass microscope slides
 - Thermostatically controlled heating block or warm water bath

_____ Facility DVM initials verifying all criteria for Crossmatch

Coagulation Tests

Equipment, supplies and materials to perform two tests using two different formats. Two of the same formats for two different tests (ex. prothrombin time [PT] and activated partial thromboplastin time [APTT] both performed on an automated coagulation analyzer) do NOT constitute different formats.

Specify which two tests will be performed:

- Buccal bleeding time
 - Lancet (spring loaded)
 - Timer
 - Filter/blotting paper
 - Roll gauze
- Activated clotting time (ACT) (automated or ACT tube test)
 - Automated ACT
 - Specify Make and Model of Analyzer: _____
 - ACT test tube
 - ACT tubes
 - Thermostatically controlled heating block or warm water bath
 - Timer
- Automated Prothrombin Time (PT) (Analyzer: _____)
- Automated Activated Partial Thromboplastin Time (APTT) (Analyzer: _____)
- Fibrinogen assay (automated or heat precipitation)
 - Automated fibrinogen assay (Analyzer: _____)

- Manual fibrinogen heat precipitation method
 - Thermostatically controlled heating block or warm water bath
 - Refractometer
 - Timer
 - Microhematocrit centrifuge
 - Microhematocrit tubes
 - Microhematocrit clay sealant
- Other (Specify test and methodology: _____)

_____ Facility DVM initials verifying all criteria for Coagulation

Cytology

- Exam gloves
- Refractometer (clinical, with total protein and specific gravity scales)
- 5-6" sterile cotton-tipped swabs
- Quick Stain (ex. Diff-Quik)
- Frosted-end glass microscope slides
- Sterile saline
- Sterile vaginal speculum of appropriate size for patient (optional)
 - Sterile lubricant (if using speculum)
 - Non-irritating prep supplies (if using speculum)
- Microscope slide mailers
- Syringes and needles appropriate for fine needle aspiration procedure
- Tissue forceps appropriate for tissue preparation for impression smear procedure
- Scalpel appropriate for tissue preparation for impression procedure

_____ Facility DVM initials verifying all criteria for Cytology

Patient Requirements

- Hematology: single sample from one mammalian patient; dog, cat, rabbit, or pig
- Clinical Chemistry: single sample from one mammalian patient; any species
- Urinalysis: one patient, any species
- Coagulation: appropriate patients for the two tests performed
- Crossmatch: one canine donor and one canine recipient
- Ear cytology: two patients (canine and/or feline), one being pathologic
- Vaginal cytology: one female canine patient; intact and/or with a reproductive pathology
- Other cytology (impression/wash/swab/aspirate/scraping/centesis): one patient, any species
- Hematology: one non-mammalian patient

_____ Facility DVM initials verifying all criteria for Patient Requirements

I certify that the veterinary care facility _____
Name of Veterinary Hospital or Facility

has the equipment and supplies that I have indicated by checking the boxes above, and that they are available to the VT-DLP Student _____ for use in the completion of the
Name of Student

VM 22700 Clinical Mentorship.

I also certify that this facility is in compliance with current OSHA (Occupational Safety and Health Administration) and any state or local regulations, requirements, or laws regarding workplace safety.

Printed Name of Facility Veterinarian: _____

Signature: _____

Initials: _____ Date: _____

This form must be signed and returned to the student, submitted and approved by Purdue prior to beginning of the clinical Mentorship VM 22700.