

PURDUE
UNIVERSITY

**COLLEGE OF VETERINARY MEDICINE
CLINICAL PATHOLOGY LABORATORY
ROUTINE SUBMISSION FORM**

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

Laboratory Director:
John Christian, DVM, PhD

For Test Information or Results:
Phone# (765) 494-7563 Fax# (765) 494-8640

Veterinarian: _____
Clinic Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email Address: _____
Date Collected: _____

Owner: _____
Chart #: _____
Animal: _____
Species: _____
Breed: _____
Sex: _____
DOB: _____

<u>CHEMISTRY</u>	<u>PANELS</u>	<u>HEMATOLOGY</u>	<u>URINALYSIS</u>
<input type="checkbox"/> Albumin	<input type="checkbox"/> Electrolytes panel Na, K, Cl, ECO2, AGAP	<input type="checkbox"/> CBC	<input type="checkbox"/> Routine UA
<input type="checkbox"/> ALKP		<input type="checkbox"/> RETIC	<input type="checkbox"/> cysto
<input type="checkbox"/> ALT	<input type="checkbox"/> Bili panel T.Bili, Bu, Bc, Delta	<input type="checkbox"/> PLATELET	<input type="checkbox"/> voided
<input type="checkbox"/> Ammonia (pre)		<input type="checkbox"/> T. Protein (R)	<input type="checkbox"/> catheter
<input type="checkbox"/> Ammonia (post)	<input type="checkbox"/> Globulin panel Alb, TP, Globulin, A/G ratio	<input type="checkbox"/> WBC	<input type="checkbox"/> off floor
<input type="checkbox"/> Amylase	<u>Small Animals</u>	<input type="checkbox"/> DIFFERENTIAL	Color _____
<input type="checkbox"/> AST	<input type="checkbox"/> Panel 1 Crea, Glu, ALT, ALKP, GGT	<input type="checkbox"/> RBC	Turbidity _____
<input type="checkbox"/> Bilirubin, Total		<input type="checkbox"/> HCT	Sp. Gravity _____
<input type="checkbox"/> BUN	<input type="checkbox"/> Panel 2 BUN, Glu, ALT, ALKP, GGT, TP Crea, T.Bili, Chol, Alb, Amyl, Ca Phos, Na, K, Cl, ECO2, AGAP, Lipase	<input type="checkbox"/> HGB	pH _____
<input type="checkbox"/> Calcium	<u>Large Animals</u>	<u>MISCELLANEOUS</u>	Protein _____
<input type="checkbox"/> Cholesterol	<input type="checkbox"/> Panel 1 Crea, Glu, CK, Ca, GGT	<input type="checkbox"/> CANINE PARVO	Glucose _____
<input type="checkbox"/> CK		<input type="checkbox"/> FeLV/FIV	Ketone _____
<input type="checkbox"/> Creatinine	<input type="checkbox"/> Panel 2 BUN, Glu, CK, Ca, Alb, Crea, Na, K AST, TP, Alkp, Phos, MG, GGT, Cl ECO2, T.Bili, AGAP	<input type="checkbox"/> OCCULT BLOOD	Bilirubin _____
<input type="checkbox"/> ECO2	<u>URINE/FLUID CHEMISTRY</u>	<input type="checkbox"/> OSMOLALITY	O. blood _____
<input type="checkbox"/> GGT	<input type="checkbox"/> Microprotein	<input type="checkbox"/> SERUM	Uro. Bili _____
<input type="checkbox"/> Glucose	<input type="checkbox"/> Creatinine	<input type="checkbox"/> URINE	WBC _____
<input type="checkbox"/> Glucose Tol (#____addl. Samples)	<input type="checkbox"/> GGT	<input type="checkbox"/> COOMBS	RBC _____
<input type="checkbox"/> Lactate	<input type="checkbox"/> GGT/Creatinine	<input type="checkbox"/> 4Dx	Epith _____
<input type="checkbox"/> Lipase	<input type="checkbox"/> Microprotein/Creatinine	<u>COAGULATION</u>	Sperm _____
<input type="checkbox"/> Magnesium	<input type="checkbox"/> Na _____ K	<input type="checkbox"/> PT	Bacteria _____
<input type="checkbox"/> Phosphorus	<input type="checkbox"/> Ca _____ Phos	<input type="checkbox"/> PTT	Cast _____
<input type="checkbox"/> Potassium		<input type="checkbox"/> FIBRINOGEN	Crystal _____
<input type="checkbox"/> Sodium			Other _____
<input type="checkbox"/> Total Protein			_____
<input type="checkbox"/> Triglycerides			_____
			OTHER TEST:

