Virginia-Maryland College of Veterinary Medicine

VIRGINIA TECH
ANIMAL LABORATORY SERVICES

245 Duckpond Drive
Blacksburg, VA 24061
Phone: 540.231.4320
Fax: 540.231.2657
https://vitals.vetmed.vt.edu/

MULTIPLE ANIMAL SUBMISSION FORM

REFERRING VETERINARIAN INFORMATION	OWNER INFORMATION
Veterinarian: _____	**Owner First Name:** _____
Hospital: _____	**Owner Last Name:** _____
Address: _____	**SPECIES INFORMATION**
_____	**Species:** ○ Can ○ Fel ○ Eq ○ Bov ○ Camelid ○ Cap ○ Ovine ○ Other:_____
Phone: _____ **Fax:**_____	
Email: _____	

HISTORY

☐ Check box to make laboratory results unavailable to VMCVM Clinician(s) upon patient's referral and/or consult

TESTS REQUESTED: _____ **COLLECTION DATE & TIME:** _____

IMPORTANT: Form cannot be used for cytology or histology submissions.

SAMPLE TYPE/SOURCE: _____

SEX CODES: M=Male, MC=Castrated Male, F=Female, FS=Spayed Female

AGE CODES: Y=Years, M=Months, W=Weeks, D=Days; DOB=Date of Birth

LAB USE ONLY	Sample #	ANIMAL ID	BREED	SEX	AGE/DOB	Additional Comments
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					