



REFERRING VETERINARIAN INFORMATION	ANIMAL INFORMATION
Veterinarian: _____	Animal name/ID: _____
Hospital: _____	Owner First Name: _____ Last Name: _____
Address: _____	Species: Can Fel Eq Bov Camelid Cap Ovine Other: _____
City/State/Zip: _____	Breed: _____
Phone: _____ Fax: _____	Age: _____ Sex: F SF M CM
Email: _____	

PATIENT HISTORY			
<p><input type="checkbox"/> Check box to make laboratory results unavailable to VMVVM Clinician(s) upon patient's referral and/or consult.</p>			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"><b>COLLECTION DATE &amp; TIME:</b></td> <td style="width:30%;">                 P= PURPLE TOP (K3 EDTA) TUBE    G= GREEN TOP (LITHIUM HEPARIN) TUBE                  B= BLUE TOP (CITRATE) TUBE    R = RED TOP (NO ADDITIVE) TUBE             </td> <td style="width:20%;">                 F= feline    g= gram                  C= canine    WB= whole blood             </td> </tr> </table>	<b>COLLECTION DATE &amp; TIME:</b>	P= PURPLE TOP (K3 EDTA) TUBE    G= GREEN TOP (LITHIUM HEPARIN) TUBE B= BLUE TOP (CITRATE) TUBE    R = RED TOP (NO ADDITIVE) TUBE	F= feline    g= gram C= canine    WB= whole blood
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CHEMISTRY	HEMATOLOGY	BACTERIOLOGY		
<input type="checkbox"/> BOVINE PROFILE G, R	<input type="checkbox"/> EQUINE/CAMELID CBC P	<b>LAB USE ONLY- SAMPLE ID #</b>	<b>1.</b>	
<input type="checkbox"/> LARGE ANIMAL PROFILE G, R	<input type="checkbox"/> EQUINE/CAMELID Hemogram P	<b>SOURCE/SITE OF CULTURE:</b>	<b>2.</b>	
<input type="checkbox"/> LARGE ANIMAL MINI G, R	<input type="checkbox"/> LARGE ANIMAL CBC P		<b>1.</b>	
<input type="checkbox"/> SMALL ANIMAL PROFILE G, R	<input type="checkbox"/> LARGE ANIMAL Hemogram P	AEROBIC W/ SENSITIVITY	<input type="checkbox"/>	
<input type="checkbox"/> SMALL ANIMAL HYPERTHY G, R	<input type="checkbox"/> SMALL ANIMAL CBC P	ANAEROBIC CULTURE	<input type="checkbox"/>	
<input type="checkbox"/> SMALL ANIMAL LIVER G, R	<input type="checkbox"/> SMALL ANIMAL Hemogram P	BLOOD CULTURE	<input type="checkbox"/>	
<input type="checkbox"/> SMALL ANIMAL MINI G, R	<input type="checkbox"/> PATHOLOGIST'S REVIEW P	FECAL SCREEN	<input type="checkbox"/>	
<input type="checkbox"/> SMALL ANIMAL NSAID G, R	<input type="checkbox"/> PCV/TP P	FUNGAL CULTURE/DTM	<input type="checkbox"/>	
<input type="checkbox"/> SMALL ANIMAL PRE-OP G, R	<input type="checkbox"/> PCV/TP/Fibrinogen P	MRSA/MRSI SCREEN	<input type="checkbox"/>	
<input type="checkbox"/> SMALL ANIMAL RENAL G, R	<input type="checkbox"/> PLATELET COUNT P	SALMONELLA	<input type="checkbox"/>	
<input type="checkbox"/> CHEM 8 G, R	<b>LAB USE ONLY</b>	<i>Strep Equi</i> (Strangle's) SCREEN	<input type="checkbox"/>	
<input type="checkbox"/> MINERALS (P, Ca, Mg) G, R	LAB LABEL	Plasma App: _____	STAIN	
<input type="checkbox"/> LYTES (Na, K, Cl, TCO <sub>2</sub> ) G, R		PCV: _____	GRAM or ACID FAST	GRAM or ACID FAST
<input type="checkbox"/> PANCREATIC (AMY, LIP) G, R		Protein: _____	OTHER: _____	<input type="checkbox"/>
<input type="checkbox"/> PROTEINS (TP, Alb, Glob) G, R		Tech Initials: _____	<b>CYTOPATHOLOGY</b>	<b>LAB USE ONLY</b>
<input type="checkbox"/> BILE ACID (FASTING) G, R	<b>SPECIAL CHEMISTRY</b>	SITE #1: _____ # _____ OF SLIDES	<b>AFFIX CYTO LABEL TO FORM</b>	
<input type="checkbox"/> BILE ACID (2H POST) G, R	<input type="checkbox"/> CORTISOL PRE R	SITE #2: _____ # _____ OF SLIDES	<b>Color</b>	
<input type="checkbox"/> D3HB G, R	<input type="checkbox"/> CORTISOL POST R	SITE #3: _____ # _____ OF SLIDES	<b>Clarity</b>	
<input type="checkbox"/> SNAP cPL R	<input type="checkbox"/> PHENOBARBITAL R	<input type="checkbox"/> BODY FLUID- SOURCE: _____ P, R	<b>WBC</b>	
<input type="checkbox"/> TRIGLYCERIDES G, R	<input type="checkbox"/> PROGESTERONE R	<input type="checkbox"/> JOINT FLUID- SOURCE: _____ P	<b>RBC</b>	
<input type="checkbox"/> OTHER:	<input type="checkbox"/> T4 R	<input type="checkbox"/> CSF ANALYSIS- Central or Lumbar R	<b>Protein</b>	
	<input type="checkbox"/> TSH R	<input type="checkbox"/> BONE MARROW- SITE: _____ # _____ OF SLIDES	<b>Tech</b>	
<b>URINE CHEMISTRY</b>	<input type="checkbox"/> T4/TSH R	<b>PARASITOLOGY</b>	<b>PCR ASSAYS</b>	
<input type="checkbox"/> CREATININE <input type="checkbox"/> PROTEIN	<b>IMMUNOLOGY</b>	<input type="checkbox"/> ZINC SULFATE FLOATATION 2-5g Feces	<input type="checkbox"/> SALMONELLA	
<input type="checkbox"/> GGT <input type="checkbox"/> OTHER:	<input type="checkbox"/> BRUCELLA CANIS R	<input type="checkbox"/> MCMASTER CAMELID TEST 2-4g Feces	<input type="checkbox"/> CDV	
<b>BLOOD GAS</b>	<input type="checkbox"/> CAMELID IGG (RID) R	<input type="checkbox"/> MCMASTER STANDARD TEST 2-4g Feces	<input type="checkbox"/> Feline CoV/FIP	
<input type="checkbox"/> IONIZED CALCIUM R	<input type="checkbox"/> <i>Clostridium difficile</i> ELISA* Feces	<input type="checkbox"/> SHEATHER'S SUGAR FLOATATION 2-5g Feces	<input type="checkbox"/> BHV	
TEMPERATURE (°F): _____ (REQUIRED)	<input type="checkbox"/> <i>Clostridium perfringens</i> ELISA* Feces	<input type="checkbox"/> BAERMANN TEST 5-10g Feces	<input type="checkbox"/> BRSV	
<b>COAGULATION</b>	<input type="checkbox"/> SNAP FELV/FIV COMBO P, G, R	<input type="checkbox"/> GIARDIA ANTIGEN TEST Feces	<input type="checkbox"/> BVDV	
<input type="checkbox"/> PT B	<input type="checkbox"/> SNAP 4DX P, G, R	<input type="checkbox"/> HEARTWORM ANTIBODY (F) P, G, R	<input type="checkbox"/> OTHER:	
<input type="checkbox"/> PTT B	<b>BLOOD BANK</b>	<input type="checkbox"/> HEARTWORM ANTIGEN (F/C) P, G, R	<input type="checkbox"/> OTHER:	
<b>URINALYSIS</b>	Previous Transfusion? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> KNOTT' S TEST Microfilariae P(WB)	<b>SPECIMEN SOURCE:</b>	
<input type="checkbox"/> URINALYSIS (ROUTINE)	<input type="checkbox"/> DEA 1 BLOOD TYPE P	<input type="checkbox"/> PARASITE IDENTIFICATION	OTHER REQUESTS/NOTES:	
<b>SELECT COLLECTION METHOD:</b>	<input type="checkbox"/> FELINE BLOOD TYPE P	<input type="checkbox"/> SEDIMENTATION 5-10g Feces		
FREE-CATCH CATH CYSTO	<input type="checkbox"/> CROSSMATCH P	<input type="checkbox"/> OTHER:		