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

REFERRING VETERINARIAN INFORMATION	PATIENT INFORMATION
Veterinarian ______________________	Name: ______________________
Hospital ______________________	Owner First Name: ____________ Last Name: ____________
Address ______________________	Species: Can Fel Eq Bov Camelid Cap Ovine Other:____________
______________________	Breed: ______________________
Phone: ________________ Fax:__________________	Age: ________________ Sex: F SF M CM

HISTORY

TEST REQUESTED ______________________

(one test per form)

Form cannot be used for cytology or histology submissions.

COLLECTION DATE & TIME ______________________

SAMPLE TYPE/SOURCE: ______________________

LAB USE ONLY	#	SPECIMEN/PATIENT IDENTIFICATION	ADDITIONAL INFORMATION
	1		
	2		
	3		
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