

Phone: 859-233-0331 Fax: 859-280-3489

**We prefer samples be delivered via UPS
or Fed-Ex to ensure timely delivery.**

DELIVERY SERVICE ADDRESS:
2150 Georgetown Road
Lexington, KY 40511

U.S. POSTAL SERVICE ADDRESS:
P.O. Box 12070
Lexington, KY 40580

Veterinarian: _____

Clinic: _____

Address: _____

Phone/Fax: _____

Email: _____

Date/Time: _____

Patient: _____

Client/Owner: _____

☐ Equine ☐ Feline ☐ Canine

☐ Other: _____

HEMATOLOGY

- ☐ Complete CBC (Fib/Diff)
- ☐ CBC (Fib) Pre-Surgery
- ☐ CBC

SINGLE HEMATOLOGY

- ☐ Hct/PCV
- ☐ Platelet Count
- ☐ TP
- ☐ Fibrinogen
- ☐ Serum Amyloid A (SAA)
- ☐ WBC

FLUID ANALYSIS

- ☐ Sample Site/Type

- ☐ WBC
- ☐ RBC
- ☐ TP
- ☐ Urinalysis
- ☐ CSF Analysis, WBC,
RBC, MTP

MICROBIOLOGY

- ☐ Sample Site/Type

- ☐ Culture/Sensitivity
- ☐ Cytology
- ☐ ARD
- ☐ Anaerobic
- ☐ Blood Culture
- ☐ Biofilm
- ☐ Fecal Culture
- ☐ Stallion Culture

FECAL SAMPLE

- ☐ McMasters (Fecal Float)
- ☐ Occult Blood
- ☐ Succeed
- ☐ Ova & Parasite (Sml Animal)

CHEMISTRY PANELS

- ☐ Master Panel
- ☐ Basic Panel
- ☐ Muscle Enzyme
- ☐ Foal Panel (Creat, IgG)
- ☐ Electrolyte Panel
- ☐ Milk Electrolytes
- ☐ Urine Creatinine

SINGLE CHEMISTRY

- ☐ Alb
- ☐ AlkP
- ☐ Bile Acids
- ☐ BUN
- ☐ Ca
- ☐ CK
- ☐ Colostrum IgG
- ☐ Creat
- ☐ D Bili
- ☐ GGT
- ☐ Glucose
- ☐ IgG
- ☐ Ionized Calcium
- ☐ Lactate
- ☐ LDH
- ☐ Mg
- ☐ NH3
- ☐ Phos
- ☐ SDH
- ☐ SGOT/AST
- ☐ SGPT/ALT
- ☐ T Bili
- ☐ Triglycerides

ADDITIONAL TESTS:

ENDOCRINOLOGY

- ☐ Progesterone
- ☐ T4
- ☐ Cortisol
- ☐ Insulin
- ☐ ACTH - EDTA plasma
Tues/Thurs Only

BLOOD GAS ANALYSIS

COAGULATION

PT
PTT

IMMUNO HEMATOLOGY

- ☐ Antibody Screen Transfusion
- ☐ Cross Match
- ☐ JFA/Colostrum Cross Match
- ☐ Coombs

COGGINS/EIA

- ☐ AGID (24 hrs)
- ☐ ELISA (2 hrs)
- ☐ ELISA (End of Day)

SPECIMENS SUBMITTED:

How many? _____

- ☐ Blood Whole
- ☐ Culturette

Origin: _____

- ☐ Feces
- ☐ Milk
- ☐ Plasma EDTA
- ☐ Plasma Heparin
- ☐ Abscess

Specify: _____

- ☐ TransTracheal Wash
- ☐ Bronchoalveolar lavage
- ☐ Serum
- ☐ Smear

Specify: _____

- ☐ Synovial Fluid
- ☐ Other Sterile Body Fluid

Specify: _____

- ☐ Urine
- ☐ Other

Specify: _____

LAB USE ONLY

Received by: _____
