

												Date:											
												Practice ID#:											
												Patient ID#:											
Owner/Client Name:																							
Patient/Pet Name:																							
Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other:												Breed:						Sex: <input type="checkbox"/> M <input type="checkbox"/> F			Age:		
Veterinarian(s):												Tech:						Spay/Neuter: <input type="checkbox"/> Yes <input type="checkbox"/> No					

STAT (within one hour)     Doctor/Employee Pet

CUSTOM PROFILES			HEMATOLOGY/COAGULATION			URINE					
	421	CBC with Differential (L)				Collection: <input type="checkbox"/> Free <input type="checkbox"/> Cath <input type="checkbox"/> Cysto					
	308	Reticulocyte Count (L)				500	Urinalysis (U)				
	407	Manual Platelet Count (L,B)				520	Urinalysis (& culture if bacteria seen) \$ (U)				
	404	Activated Prothombin Time (APTT) (B)				502	Urine Protein/Creatinine (U)				
	402	Prothrombin Time (PT) (B)				517	Urine Cortisol/Creatinine (U)				
	400	PT & APTT (B)				505	Urolith Analysis (Stone)				
	1542	Blood type - Canine (L)				<b>FECAL</b>					
	1542	Blood type - Feline (L)				1002	Fecal Flotation (centrifugation) (F)				
	313	Crossmatch: Donor: _____ (L,S)				1003	Fecal Floataction & Giardia (F)				
	112	Coagulation Panel (CBC, PT, PTT, mPLT, Fib, Pls pro) (L,B)				1014	Fecal Direct (F)				
	425	Coagulation Panel w/out CBC (PT, PTT, mPLT, Fib, Pls pro) (L,B)				1008	Fecal Occult Blood (F)				
						1004	Giardia Ag (F)				
						1005	Giardia & Cryptosporidium Ag (F)				
	405	Fibrinogen (L)				1201	Parvovirus Ag (canine) (F)				
PROFILES & PANELS			ENDOCRINOLOGY			IMMUNOLOGY/SEROLOGY					
	Urine Collect: <input type="checkbox"/> Free <input type="checkbox"/> Cath <input type="checkbox"/> Cysto										
	101	CBC, Chem 28 (L,S)		800	zACTH Simulation Time: Pre ____ Post ____ Post ____ (S)		1111	Brucellosis Screen (S)			
	103	CBC, Chem 28, UA (L,S,U)		803	Cortisol (resting) (S)		1210	Coccidioides Titer (S)			
	126	CBC, Chem 28, UA, HW (L,S,U)		802	Dexamethasone Suppression (LDD) Time: Pre ____ Post ____ Post ____ (S)		310	Coombs (L)			
	102	CBC, Chem 28, T4 (L,S)		807	Dexamethasone Suppression (HDD)		1216	Cryptococcus Titer (S)			
	100	CBC, Chem 28, T4, UA (L,S,U)		810	Endogenous ACTH (Call Lab)		511	Ehrlichia Canis Titer (S)			
	110	CBC, Chem II (L,S)		703	T4 (S)		1103	FeLV/FIV Combo (L,S)			
	127	CBC, Chem II, UA (L,S,U)		916	Free T4 by MEIA (S)		1100	FeLV Ag by ELISA (S)			
	203	Electrolyte Panel (S)		919	T4, FT4 by MEIA (S)		1101	FeLV IFA (L)			
	205	Hepatic Panel (S)		1547	iPTH with iCa (S)		1226	FIP PCR (L)			
	204	Renal Panel (S)		1361	Fructosamine (S)		1209	Fungal Panel (Histo, Blasto, Cocci) (S)			
CHEMISTRIES & ENZYMES				1747	Insulin/Glucose (S)		Optional substitutes: Asper, Crypto				
	214	Chem 26 (S)		1584	Progesterone (RS)		1000	Heartworm Ag by ELISA (canine/feline) (L,S)			
	200	Chem 28 (S)		1747	Insulin/Glucose (S)		1523	Leptospirosis (S)			
	Individual Chemistry: _____ (S)			MICROBIOLOGY				1011	Tick Screen (S)		
	1317	ALT (S)		Source:				1200	Tick Serology Panel (S)		
	1320	Amylase (S)		624	Aerobic Culture & Suscept (C)		<b>PCR PANELS</b>				
	1301	Bile Acids: Pre ____ Post ____ (S)		626	Urine Culture & Suscept (U)		1754	Canine Diarrhea Panel (F)			
	1300	Bile Acids (resting) (S)		Collection: <input type="checkbox"/> Free <input type="checkbox"/> Cath <input type="checkbox"/> Cysto				1548	Canine Respiratory Panel (SS)		
	1303	BUN, Creatinine (S)		623	Aerobic & Anaerobic Culture & Suspect (C)		1558	Feline Diarrhea Panel (F)			
	1337	Lipase (S)		603	Anaerobic Culture (C)		1235	Feline Upper Respiratory Panel (SS)			
DRUG LEVELS				616	Blood Culture & Suscept (BCB)		305	Mycoplasma (Haemobartonella) PCR (L)			
	1311	Bromide Last dose amount, _____ (RS)		636	DTM Culture (Hair or Skin)		SPECIMEN REQUIREMENTS				
	1223	Cyclosporine Level (L)		637	Fecal Culture (Salmonella & Campylobactor) (F)		(S)	Spun Serum Separator (L) Lavender			
	1305	Phenobarbital (RS)		604	Fungal Culture (growth only) (C or Tissue)		(SS)	Sterile Swab (No Transport Media) (U) Urine			
GI TESTING				628	Joint Culture & Suscept (BCB)		(BCB)	Blood Culture Bottle (F) Feces			
	901	Cobal, FOI, TLI (S)		605	Mycoplasma Culture (C)		(C)	Copan Swab (B) Blue Top			
	902	Cobal, FOI, PLI (S)		<b>Comments:</b>				(RS)	Red Top Serum (G) Green Top		
	906	CPL (choose one option below) (S)								(S)	Additional Fee
	Complimentary <input type="checkbox"/> TLI <input type="checkbox"/> Cobalamin (S)										
	907 FPL (choose one option below) (S)										
	Complimentary <input type="checkbox"/> TLI <input type="checkbox"/> Cobalamin (S)										
*Defaults to Cobalamin if not marked											