

# ETHOS

## DIAGNOSTIC SCIENCE

Edx.Boston@ethosvet.com  
 Edx.Denver@ethosvet.com  
 Edx.SanDiego@ethosvet.com  
 ethosdiagnostics.com

### CLIENT TO BE BILLED

DATE:	OWNER'S LAST NAME	FIRST NAME	ANIMAL NAME	PATIENT NUMBER
///				
SPECIES:	SEX:	AGE	BREED	DOCTOR
<input type="checkbox"/> EQUINE <input type="checkbox"/> LLAMA <input type="checkbox"/> CAPRINE <input type="checkbox"/> OTHER	<input type="checkbox"/> MALE <input type="checkbox"/> M/C <input type="checkbox"/> FEMALE			

BASIC PANELS	MICROBIOLOGY	SPECIAL TESTS	ENDOCRINOLOGY	
<input type="checkbox"/> <b>CBC-Hoofstock (S,L)</b> w/ Fibrinogen Plasma Protein PCV	<input type="checkbox"/> Culture & Sensitivity (Aerobic) (C) Source: _____	<b>Bile Acids:</b> (S) <input type="checkbox"/> Random <b>Coggins (EIA):</b> (S) <input type="checkbox"/> AGID (Routine) <input type="checkbox"/> C-Elisa (Stat) <input type="checkbox"/> Foal - IGG (S) EPM <input type="checkbox"/> IFAT (Sarcofluor & Neofluor)(S) <input type="checkbox"/> Western Blot (S) <b>Drug Screen</b> <input type="checkbox"/> Nsaids (S) <input type="checkbox"/> Nsaids W/Tranq (S) <input type="checkbox"/> Firocoxib \$ (S) <input type="checkbox"/> Strep Equi ELISA (S) <input type="checkbox"/> Coryne Pseudotuberculosis Titer (S) <input type="checkbox"/> CAE (S) <input type="checkbox"/> CL (S)	<input type="checkbox"/> Allergy Screen (S) <input type="checkbox"/> PCR Panel to UC Davis <input type="checkbox"/> Respiratory (C) <input type="checkbox"/> Neurological (Call Lab) <input type="checkbox"/> GI/Diarrhea (F) Call lab for details <input type="checkbox"/> Neuro Titers (S) EEE, WEE, VEE, WNV To TVMDL <input type="checkbox"/> West Nile Virus (S) <input type="checkbox"/> Trace Elements (RB) <input type="checkbox"/> Vit E (Protect From Light) (S) <input type="checkbox"/> Selenium (L) <input type="checkbox"/> EVA (S) <input type="checkbox"/> V.S. (S) <input type="checkbox"/> CAHFS <input type="checkbox"/> Cornell <input type="checkbox"/> NVSL Titer: _____ Country of destination: _____ <input type="checkbox"/> Herpes/Rhino Titer (S)	Please Call for protocol <input type="checkbox"/> Cushing's Panel to Cornell- (L)&(S) Endo ACTH, Insulin, Leptin, Glucose, T3,T4,FT4,EIA <input type="checkbox"/> Cushing's Panel to MSU- (L)&(S) Endo ACTH, Insulin, Glucose, Ratio, T4,LDD or Cortisol AM/PM Pre/AM time _____ Post/PM time _____ Post time _____ <input type="checkbox"/> Endogenous ACTH (L) <input type="checkbox"/> Endogenous ACTH, Insulin, Leptin (L) Please Call for protocol
<input type="checkbox"/> <b>CBC/Chem Hoofstock (S,L,G)</b> w/ CBC Chem Fibrinogen Plasma Protein PCV	<input type="checkbox"/> Culture (Anaerobic and Aerobic) (C) Source: _____	<b>FECAL</b> <input type="checkbox"/> Ova and Parasites (F) <input type="checkbox"/> Fecal Occult Blood (F) <input type="checkbox"/> McMaster Fecal Egg Count (F)	<input type="checkbox"/> Endogenous ACTH (L) <input type="checkbox"/> Endogenous ACTH, Insulin, Leptin (L) Please Call for protocol	
<input type="checkbox"/> <b>Re-Check Panel (S,L,G)</b> CBC, Chem Fibrinogen # _____	<input type="checkbox"/> Salmonella Screen (C)  <input type="checkbox"/> Blood Culture (BCB)  <b>Equine Uterine Culture</b> <input type="checkbox"/> ID Only (C) <input type="checkbox"/> Id W/Sensitivity (C)		<b>SPECIAL REQUESTS</b>	
CHEMISTRY				
<input type="checkbox"/> Chemistry (S)  <input type="checkbox"/> Exercise Panel (S) CK & AST  <input type="checkbox"/> T4 (S)	<b>FUNGUS:</b> <input type="checkbox"/> Culture (C) <input type="checkbox"/> Gram Stain (C,SL)			
URINE TESTS				
<input type="checkbox"/> Urinalysis (U)				

### Biopsy/Cytology

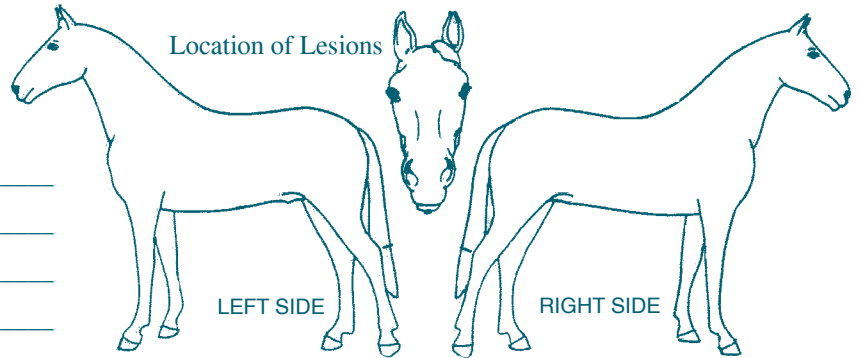
Source: \_\_\_\_\_

Give a brief history and describe lesion(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



- Full Biopsy, Full written report (# of specimens: \_\_\_\_\_)  
(Includes microscopic description)
- Mini Biopsy, Short written report (# of specimens: \_\_\_\_\_)  
(Includes diagnosis, prognosis and comment)
- Cytology (slides)
- Tracheal Wash/Bronchoalvolar Lavage (please circle source)
- Bone Marrow (Please note recent CBC ref. # \_\_\_\_\_)

### Fluid Analysis (Include cell counts and cytology)

- Body cavities: Peritoneal/Pleural/Pericardial (please circle source)
- CSF: Atlanto-occipital/Lumbar (please circle source)
- Synovial Fluid (please indicate joint(s))
- Abdominocentesis only (cell count only, no cytology)

### SPECIMEN REQUIREMENTS

S Serum	B Blue top	F Feces	RB Royal Blue
L Lavender	G Grey top	C Culture Swab	\$ Additional Fee
U Urine	GR Green top	BCB Blood Culture Bottle	