

# ETHOS

DIAGNOSTIC SCIENCE

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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

SPECIAL PROFILES		SPECIAL REQUESTS		URINE	
		STAT		Collection: <input type="checkbox"/> Free <input type="checkbox"/> Cath <input type="checkbox"/> Cysto	
		DOCTOR/EMPLOYEE PET		500 Urinalysis (U)	
		TO FOLLOW		520 Urinalysis (culture if bac. seen at addl. Fee) \$ (U)	
		<b>HEMATOLOGY/COAGULATION</b>		502 Urine Protein/Creatinine (U)	
		421 CBC with Differential (L)		517 Urine Cortisol/Creatinine (U)	
		308 Reticulocyte Count (L)		505 Urolith Analysis (Stone)	
		407 Manual Platelet Count (L,B)		<b>FECAL</b>	
		404 Activated Prothombin Time (APTT) (B)		1002 Fecal Flotation (centrifugation) (F)	
		402 Prothrombin Time (PT) (B)		1003 Fecal Flotation & Giardia (F)	
		400 PT & APTT (B)		1014 Fecal Direct (F)	
		1542 Blood type - Canine/Feline (L)		1008 Fecal Occult Blood (F)	
		313 Crossmatch: Donor: _____ (L,S)		1004 Giardia Ag (F)	
		425 Coagulation Panel w/out CBC (PT, PTT, mPLT, Pls Protein) (L,B)		1005 Giardia & Cryptosporidium Ag (F)	
				1201 Parvovirus Ag (canine) (F)	
PROFILES & PANELS		ENDOCRINOLOGY		IMMUNOLOGY/SEROLOGY	
Urine Collect: <input type="checkbox"/> Free <input type="checkbox"/> Cath <input type="checkbox"/> Cysto		800 ACTH Simulation		1111 Brucellosis Screen (S)	
101 CBC, Chem 28 (L,S)		Time: Pre _____ Post _____ (S)		1210 Coccidioides Titer (S)	
103 CBC, Chem 28, UA (L,S,U)		803 Cortisol (resting) (S)		310 Coombs (L)	
126 CBC, Chem 28, UA, HW (L,S,U)		802 Dexamethasone Suppression (LDD)		1216 Cryptococcus Titer (S)	
102 CBC, Chem 28, T4 (L,S)		Time: Pre _____ Post _____ Post _____ (S)		511 Ehrlichia Canis Titer (S)	
100 CBC, Chem 28, T4, UA (L,S,U)		807 Dexamethasone Suppression (HDD) (S)		1103 FeLV Ag/ FIV Ab (L,S)	
190 CBC, Chem 28, UA, T4, FT4 EIA (L,S,U)		810 Endogenous ACTH (Call Lab)		1100 FeLV Ag by ELISA (S)	
110 CBC, Chem 12 (L,S)		703 T4 (S)		1101 FeLV IFA (L)	
127 CBC, Chem 12, UA (L,S,U)		916 Free T4 by MEIA (S)		1209 Fungal Panel (Histo, Blasto, Cocci) (S)	
203 Electrolyte Panel (S)		919 T4, FT4 by MEIA (S)		Optional substitutes: Asper, Crypto	
205 Hepatic Panel (S)		1547 iPTH with iCa (S)		1000 Heartworm Ag by ELISA (canine/feline) (L,S)	
204 Renal Panel (S)		1361 Fructosamine (S)		1523 Leptospirosis Titer (S)	
CHEMISTRIES & ENZYMES		1584 Progesterone (RS)		1011 Tick Screen (CSU) (S)	
214 Chem 26 (S)		1747 Insulin/Glucose (S)		1200 Tick Serology Panel (S)	
200 Chem 28 (S)		MICROBIOLOGY		1554 Toxoplasma IgG/IgM (S)	
Individual Chemistry: _____ (S)		Source:		1656 Vaccine Titer (Distemper/Parvo) (S)	
1301 Bile Acids: Pre _____ Post _____ (S)		624 Aerobic Culture & Suscept (C)		PCR PANELS	
1300 Bile Acids (resting) (S)		626 Urine Culture & Suscept (U)		1754 Canine Diarrhea Panel (F)	
1303 BUN, Creatinine (S)		Collection: <input type="checkbox"/> Free <input type="checkbox"/> Cath <input type="checkbox"/> Cysto		1548 Canine Respiratory Panel (SS)	
1337 Lipase (S)		623 Aerobic & Anaerobic Culture & Suscept (C)		1558 Feline Diarrhea Panel (F)	
DRUG LEVELS		603 Anaerobic Culture (C)		1235 Feline Upper Respiratory Panel (SS)	
1311 Bromide Last dose amount, _____ (RS)		616 Blood Culture & Suscept (BCB)		1226 FIP PCR (L)	
1223 Cyclosporine Level (L)		636 DTM Culture (Hair or Skin)		305 Mycoplasma (Haemobartonella) PCR (L)	
1305 Phenobarbital (RS)		637 Fecal Culture (Salmonella & Campylobactor) (F)		SPECIMEN REQUIREMENTS	
GI TESTING		604 Fungal Culture (growth only) (C or Tissue)		(S) Spun Serum Separator (L) Lavender	
901 Cobal, FOL, TLI (S)		628 Joint Culture & Suscept (BCB)		(SS) Sterile Swab (No Transport Media) (U) Urine	
902 Cobal, FOL, PLI (S)		605 Mycoplasma Culture (C)		(BCB) Blood Culture Bottle (F) Feces	
903 Cobal, FOL, TLI, PLI (S)				(C) Copan Swab (B) Blue Top	
906 cPL (choose one option below) (S)				(RS) Red Top Serum (G) Green Top	
Complimentary <input type="checkbox"/> TLI <input type="checkbox"/> Cobalamin (S)				(\$) Additional Fee	
907 fPL (choose one option below) (S)					
Complimentary <input type="checkbox"/> TLI <input type="checkbox"/> Cobalamin (S)					
*Defaults to Cobalamin if not marked		<b>Comments:</b>			