

Diagnostic Laboratory Service

vetmed.tennessee.edu/vmc/dls

Practice:		
Veterinarian:		
Address:		
Phone:		
Fax:		
Email:		
Specimen:	Collector's Initials	
Site:	Date Collected:	Time Collected:
Patient Name:		
Owner:		
Clinic Patient Chart No.:		
Species: Canine Feline Equine	Sex: Female Neutered/Spayed	
Other: _____	Male Intact	
THIS LAB DOES NOT ACCEPT PRIMATE SAMPLES.		
Breed:	Age:	

Case History:

(history, medication, clinical signs, pertinent lab findings, tentative diagnosis, suspected organisms)

Other tissues/specimens submitted to: (check all that apply)

- Bacteriology/Mycology
 Biopsy - Anatomical Pathology
 Clinical Pathology
 Cytology - Clinical Pathology
 Endocrinology
 Immunology
 Necropsy - Anatomical Pathology
 Parasitology
 Virology

Bacteriology/Mycology 865-974-5639

For lab use only	Date:	Accession #:
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SPECIMEN REQUIREMENTS:

CSF = Cerebrospinal Fluid **F** = Feces **G** = Green Top **S** = Serum **U** = Urine

- Acid Fast Stain
 - Aerobic Culture
 - Aerobic & Anaerobic Culture
 - Aerobic/Anaerobic/Fungal Culture
 - Aerobic/Anaerobic/Mycoplasma Culture
 - Aspergillus Panel* G
 - Blastomyces AGID S
 - Blastomyces Antigen EIA* S, U
 - Blood Culture Call Lab
 - Brucella canis Serology S
 - Campylobacter Culture F
 - Clostridium difficile Toxin F
 - Clostridium perfringens Enterotoxin F
 - Clostridium Toxins Panel F
 - Coccidioides AGID S
 - Cryptococcus Antigen S or CSF
 - Fecal Clostridium Culture F
 - Fecal Culture, Other F
 - Fecal Salmonella Culture F
 - Fecal Salmonella/Campylobacter F
 - Fecal Salmonella/Clostridium F
 - Fecal Salmonella/Clost/Campy F
 - Fungal Culture
 - Fungal Culture Dermatophytes only
 - Fungal Microscopy
 - Fungal Susceptibility Prior Authorization Required
 - Gram Stain
 - Histoplasma AGID S
 - Histoplasma Antigen EIA* S, U
 - Milk Culture Milk
 - Mycobacterium Culture
 - Mycobacterium Susceptibility for Rapidly Growing AFB and Aerobic Actinomycetes Prior Authorization Required
 - Mycoplasma Culture
 - Organism ID PCR With Sequencing
- Urine Culture Cysto Voided Catheterization U

Current or recent antibiotics:

* Denotes a Send Out Test

Ship Samples to: UTCVM Bacteriology/Mycology Laboratory
2407 River Drive, Room C121 | Knoxville, TN 37996-4543

☎ 865-974-5639 📠 865-946-1788 ✉ bacteriology@utk.edu


🌐 vetmed.tennessee.edu/vmc/dls/bacteriology

For the most up-to-date test listings, lab forms, pricing, submission guidelines, and shipping instructions visit vetmed.tennessee.edu/vmc/dls

Diagnostic Laboratory Service

vetmed.tennessee.edu/vmc/dls

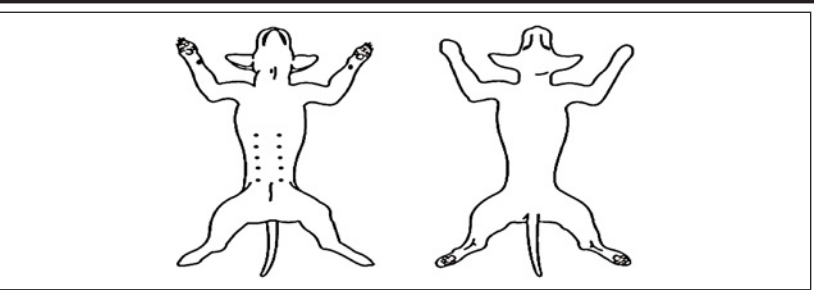
Select type of biopsy: **Routine** **STAT**

Practice:	
Veterinarian:	
Address:	
Phone:	
Fax:	
Email:	
Patient Name:	
Owner:	
Clinic Patient Chart No.:	
Species: Canine Feline Equine	Sex: Female Neutered/Spayed
Other: _____	Male Intact
THIS LAB ACCEPTS PRIMATE SAMPLES WITH PRIOR APPROVAL. 	
Breed:	Age:
Previous biopsy: Yes No If yes, provide biopsy UTCVM accession numbers:	

Case History: *(history, medication, clinical signs, pertinent lab findings, tentative diagnosis)*

Biopsy - Anatomic Pathology **865-974-5673**

For lab use only	Date:	Accession #:
Pathologist:		Resident:



TISSUE 1: Evaluate margins: Yes No If yes, entire sample is required.

Location:

Lesion size/Appearance:

Check for:

TISSUE 2: Evaluate margins: Yes No If yes, entire sample is required.

Location:

Lesion size/Appearance:

Check for:

TISSUE 3: Evaluate margins: Yes No If yes, entire sample is required.

Location:

Lesion size/Appearance:


Check for:

Other tissues/specimens submitted to: (check all that apply)

- Bacteriology/Mycology
- Clinical Pathology
- Cytology
- Endocrinology
- Immunology
- Parasitology
- Virology

Ship Samples to: UTCVM Anatomic Pathology Laboratory
2407 River Drive, Room A205 | Knoxville, TN 37996-4543

 **865-974-5673**  **865-974-5640**  cvmanatomicpath@utk.edu

 vetmed.tennessee.edu/vmc/dls/biopsy

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Diagnostic Laboratory Service

vetmed.tennessee.edu/vmc/dls

Practice:		
Veterinarian:		
Address:		
Phone:		
Fax:		
Email:		
Specimen:	Collector's Initials	
Site:	Date Collected:	Time Collected:
Patient Name:		
Owner:		
Clinic Patient Chart No.:		
Species: Canine Feline Equine	Sex: Female	Neutered/Spayed
Other: _____	Male	Intact
Breed:	Age:	
Other tissues/specimens submitted to: (check all that apply)		
<input type="checkbox"/> Bacteriology/Mycology <input type="checkbox"/> Biopsy - Anatomical Pathology <input type="checkbox"/> Clinical Pathology <input type="checkbox"/> Cytology - Clinical Pathology <input type="checkbox"/> Endocrinology <input type="checkbox"/> Immunology <input type="checkbox"/> Necropsy - Anatomical Pathology <input type="checkbox"/> Parasitology <input type="checkbox"/> Virology		

Cytology - Clinical Pathology **865-974-5605**

For lab use only	Date:	Accession #:
Number of slides:	Number of tubes:	
SPECIMEN REQUIREMENTS:		
CSF = Cerebrospinal Fluid	L = Lavender	R = Red Top SL = Slide

CYTOLOGY		
<input type="checkbox"/> Bone Marrow Cytology and Report	SL+L	<input type="checkbox"/> CSF Analysis w/Cytology and Report CSF
<input type="checkbox"/> Blood Smear Exam	SL+L	<input type="checkbox"/> Cytology Smear Evaluation & Report SL
<input type="checkbox"/> Buffy Coat Exam	L	<input type="checkbox"/> Synovial Fluid Exam and Report SL, L
<input type="checkbox"/> Centesis Fluid Exam and Report	L+R	

THIS LAB ACCEPTS PRIMATE SAMPLES WITH PRIOR APPROVAL.

Case History: *(history, medication, clinical signs, pertinent lab findings, tentative diagnosis)*

Ship Samples to: UTCVM Clinical Pathology Laboratory
 2407 River Drive, Room C128 | Knoxville, TN 37996-4542

☎ **865-974-5605** 📠 **865-974-5564** ✉ clinpath@utk.edu
 🌐 vetmed.tennessee.edu/vmc/dls/clinpath

For the most up-to-date test listings, lab forms, pricing, submission guidelines, and shipping instructions visit vetmed.tennessee.edu/vmc/dls

PLEASE DO NOT WRITE BELOW THIS LINE

DATE COMPLETED: _____ **PERFORMED BY:** _____

Diagnostic Laboratory Service

vetmed.tennessee.edu/vmc/dls

Practice:		
Veterinarian:		
Address:		
Phone:		
Fax:		
Specimen:		
Specimen:		Collector's Initials
Site:	Date Collected:	Time Collected:
Patient Name:		
Owner:		
Clinic Patient Chart No.:		
Species: Canine Feline Equine	Sex: Female Neutered/Spayed	Other: _____ Male Intact
THIS LAB ACCEPTS PRIMATE SAMPLES WITH PRIOR APPROVAL.		
Breed:		Age:

Case History: *(history, medication, clinical signs, pertinent lab findings, tentative diagnosis)*

Other tissues/specimens submitted to: (check all that apply)

- Bacteriology/Mycology Biopsy - Anatomical Pathology Clinical Pathology
 Cytology - Clinical Pathology Endocrinology Immunology
 Necropsy - Anatomical Pathology Parasitology Virology

Clinical Pathology

865-974-5605

<i>For lab use only</i>	Date:	Accession #:
SPECIMEN REQUIREMENTS: B = Blue Top F = Feces G = Green Top L = Lavender R = Red Top U = Urine		

CHEMISTRY

<input type="checkbox"/> ALB	G	<input type="checkbox"/> Large Animal Panel and Electrolytes	G
<input type="checkbox"/> ALK Phos	G	<input type="checkbox"/> LDH	G
<input type="checkbox"/> ALK Phosphatase, Heat Stable	G	<input type="checkbox"/> Lipase	G
<input type="checkbox"/> ALT	G	<input type="checkbox"/> Lipid Panel	G
<input type="checkbox"/> Ammonia	Call Lab	<input type="checkbox"/> Mg	G
<input type="checkbox"/> AST	G	<input type="checkbox"/> Phenobarbital	G
<input type="checkbox"/> Avian/Herp Chem Panel, Major	G	<input type="checkbox"/> Phosphorus	G
<input type="checkbox"/> Avian/Herp Chem Panel, Minor	G	<input type="checkbox"/> Pre-Op Panel, Large Animal	G
<input type="checkbox"/> Bile Acids Fasting	R	<input type="checkbox"/> Pre-Op Panel, Small Animal	G
<input type="checkbox"/> Bile Acid Postpran	R	<input type="checkbox"/> Refeeding Panel	G
<input type="checkbox"/> Bile Acids Fast & 2 Hr Pp	R	<input type="checkbox"/> Renal Panel	G
<input type="checkbox"/> Bilirubin, Total	G	<input type="checkbox"/> Serial Glucoses	G
<input type="checkbox"/> Calcium	G	<input type="checkbox"/> Small Animal General Chemistry Panel	G
<input type="checkbox"/> Cholesterol	G	<input type="checkbox"/> Small Animal Panel and Electrolytes	G
<input type="checkbox"/> CK	G	<input type="checkbox"/> Sorbitol Dehydrogenase-SDH	R
<input type="checkbox"/> cPL SNAP™ Test	R	<input type="checkbox"/> Total Protein	G
<input type="checkbox"/> Creatinine	G	<input type="checkbox"/> Triglycerides	G
<input type="checkbox"/> Electrolyte Panel	G	<input type="checkbox"/> Urea Nitrogen - BUN	G
<input type="checkbox"/> Fecal Occult Blood	F	<input type="checkbox"/> Uric Acid	G
<input type="checkbox"/> Fructosamine	G	<input type="checkbox"/> Urine Creatinine	U
<input type="checkbox"/> GGT	G	<input type="checkbox"/> Urine Electrolyte Panel	U
<input type="checkbox"/> Glucose	G	<input type="checkbox"/> Urine Panel	U
<input type="checkbox"/> Ionized Calcium Panel - Whole Blood	Call Lab	<input type="checkbox"/> Urine Protein Quant	U
<input type="checkbox"/> Ketones, Serum	R	<input type="checkbox"/> Urine Protein/Creatinine Ratio	U
<input type="checkbox"/> Large Animal General Chemistry Panel	G		

HEMATOLOGY

<input type="checkbox"/> Avian/Herp CBC	G	<input type="checkbox"/> Fibrinogen, Heat Precipitation	L
<input type="checkbox"/> CBC	L	<input type="checkbox"/> PCV & TPP	L
<input type="checkbox"/> CBC & Reticulocytes	L	<input type="checkbox"/> Platelet Count	L
<input type="checkbox"/> CBC With Fibrinogen	L	<input type="checkbox"/> PT (Prothrombin Time)	B
<input type="checkbox"/> Coagulation Profile & Platelet Count	Call Lab	<input type="checkbox"/> PTT (Activated Partial Thromboplastin Time, aPTT)	B
<input type="checkbox"/> Differential Count (Blood)	L	<input type="checkbox"/> Reticulocyte Count	L

URINALYSIS

<input type="checkbox"/> Urinalysis	U	<input type="checkbox"/> Urine Hb - Mb Diff	U
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* Denotes a Send Out Test

Ship Samples to: UTCVM Clinical Pathology Laboratory

2407 River Drive, Room C128 | Knoxville, TN 37996-4542

865-974-5605 865-974-5564 clinpath@utk.edu
 vetmed.tennessee.edu/vmc/dls/clinpath

For the most up-to-date test listings, lab forms, pricing, submission guidelines, and shipping instructions visit vetmed.tennessee.edu/vmc/dls

Diagnostic Laboratory Service

vetmed.tennessee.edu/vmc/dls

Practice:			
Veterinarian:			
Address:			
Phone:			
Fax:			
Email:			
Specimen:			Collector's Initials
# of samples:	Date Collected:	Time Collected:	
Patient Name:			
Owner:			
Clinic Patient Chart No.:			
Species: Canine	Feline	Equine	Sex: Intact Female
Other: _____			Spayed Female
			Intact Male
			Castrated Male
Breed:			Age:

Endocrinology

865-974-5638

For lab use only	Date:	Accession #:
SPECIMEN REQUIREMENTS: Serum is required for all endocrinology tests except Endogenous ACTH (plasma-EDTA)		

ADRENAL FUNCTION

- Adrenal Panel - ACTH Stim
Cortisol, progesterone, 17-hydroxyprogesterone, estradiol, androstenedione, testosterone *in baseline and post-ACTH samples* Canine

- Adrenal Panel Combined Dex Supp/ACTH Stim
Cortisol, androstenedione, estradiol, progesterone, 17-hydroxyprogesterone and testosterone *in baseline, post-dexamethasone and post-ACTH samples* Canine

- Adrenal Panel - ACTH Stim
Baseline and post-ACTH cortisol, progesterone, 17-hydroxyprogesterone, estradiol, androstenedione, testosterone, aldosterone Feline, castrated/spayed only

- Adrenal Panel - Baseline
Baseline estradiol, androstenedione, 17-hydroxyprogesterone Ferret

- Adrenal Panel - Baseline
Baseline cortisol, progesterone, 17-hydroxyprogesterone, androstenedione, testosterone Rabbit, castrated/spayed only

- 17-Hydroxyprogesterone, Baseline Feline-castrated/spayed only, Canine and Ferret
- 17-Hydroxyprogesterone, Pre & Post (ACTH Stim) Canine, Feline - castrated/spayed only
- Aldosterone, Baseline Canine and Feline - castrated/spayed only
- Aldosterone, Pre & Post (ACTH Stim) Canine and Feline - castrated/spayed only
- Androstenedione, Baseline Canine, Feline, Ferret
- Androstenedione, Pre & Post (ACTH Stim) Canine, Feline

- Cortisol, Baseline Canine, Equine, Feline
- Cortisol, Pre & Post (ACTH Stim) Canine, Feline
- Cortisol, Combined Dex Supp/ACTH Stim Canine
- Cortisol, High Dose Dex Suppression Canine
- Cortisol, Low Dose Dex Suppression Canine

PANCREATIC FUNCTION

- Insulin Equine

PITUITARY FUNCTION

- Endogenous ACTH (plasma) Equine - Call Lab

REPRODUCTIVE HORMONES

- Estradiol, Baseline Canine, Ferret, Feline - castrated/spayed only
- hCG Stim Test (Progesterone) Canine, Feline, Rabbit
- hCG Stim Test (Testosterone) Canine, Feline, Equine, Rabbit
- Progesterone, Baseline Feline and Rabbit - castrated/spayed only, Canine
- Reproductive Hormones
Baseline estradiol, progesterone, testosterone Canine, Feline - castrated/spayed only
- Testosterone, Baseline Feline and Rabbit - castrated/spayed only, Canine

THYROID FUNCTION

- T3 and T4, Baseline Canine, Feline, Equine
- T3, Baseline Canine, Feline
- T4, Baseline Canine, Feline
- T4/TSH Canine
- TSH Canine

TOXICOLOGY

- Bromide Canine

Note: Adrenal Panel results are available in 7-10 business days.

Ship Samples to: UTCVM Endocrinology Laboratory
2407 River Drive, Room A105 | Knoxville, TN 37996-4543

☎ **865-974-5638** 📠 **865-974-7147** ✉ endocrinology@utk.edu
🌐 vetmed.tennessee.edu/vmc/dls/endocrinology

For the most up-to-date test listings, lab forms, pricing, submission guidelines, and shipping instructions visit vetmed.tennessee.edu/vmc/dls

Case History:

(history, medication, clinical signs, pertinent lab findings, tentative diagnosis, suspected organisms)


Other tissues/specimens submitted to: (check all that apply)

Bacteriology/Mycology Biopsy - Anatomical Pathology Clinical Pathology
 Cytology - Clinical Pathology Endocrinology Immunology
 Necropsy - Anatomical Pathology Parasitology Virology



Diagnostic Laboratory Service

vetmed.tennessee.edu/vmc/dls

Practice:		
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Phone:		
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Email:		
Specimen:	Collector's Initials	
Site:	Date Collected:	Time Collected:
Patient Name:		
Owner:		
Clinic Patient Chart No.:		
Species: Canine Feline Equine	Sex: Female Neutered/Spayed	
Other: _____	Male Intact	
THIS LAB DOES NOT ACCEPT PRIMATE SAMPLES. 		
Breed:	Age:	

Case History:

(history, medication, clinical signs, pertinent lab findings, tentative diagnosis, suspected organisms)

Other tissues/specimens submitted to: (check all that apply)

- Bacteriology/Mycology
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- Endocrinology
- Immunology
- Necropsy - Anatomical Pathology
- Parasitology
- Virology

Immunology

865-974-5643

For lab use only	Date:	Accession #:
	SPECIMEN REQUIREMENTS: A = Aspirate FL = Fluid L = Lavender S = Serum U = Urine	

<input type="checkbox"/> Antinuclear Antibody (ANA) by IFA	S
<input type="checkbox"/> Bartonella Henselae by IFA	S
<input type="checkbox"/> Blood Typing - Canine	L
<input type="checkbox"/> Blood Typing - Feline	L
<input type="checkbox"/> Bovine Pregnancy ELISA	S or Milk
<input type="checkbox"/> Crossmatch	S+L
<input type="checkbox"/> Crossmatch (After Hours)	S+L
<input type="checkbox"/> Crossmatch STAT	S+L
<input type="checkbox"/> Ehrlichia canis Titer by IFA	S
<input type="checkbox"/> Equine Tapeworm Antibody Detection ELISA	S
<input type="checkbox"/> IgG Level (RID) - Camelid, Equine	S
<input type="checkbox"/> Johnes by ELISA	S or Milk
<input type="checkbox"/> Protein Electrophoresis	S, FL, U
<input type="checkbox"/> Urine Electrophoresis - Canine, Equine, Feline	U
FLOW CYTOMETRY	
<input type="checkbox"/> Immunophenotyping Flow - Lymphocyte	L or A
<input type="checkbox"/> Neutrophil Surface Antibody Flow	call lab
<input type="checkbox"/> Platelet Bound Antibody Flow	call lab
<input type="checkbox"/> Red Blood Cell Surface Antibody Flow	call lab
PCR	
<input type="checkbox"/> Anaplasma (Platys and Phagocytophilum) PCR	L
<input type="checkbox"/> Anaplasma Marginale PCR	L
<input type="checkbox"/> Bartonella Genera PCR	L
<input type="checkbox"/> Demodex Gatoi RT PCR	Skin scraping or hair pluck
<input type="checkbox"/> Dermatophilus Congolensis PCR	Skin, hair, or crust (scab)
<input type="checkbox"/> Ehrlichia canis PCR	L
<input type="checkbox"/> FIV PCR	L
<input type="checkbox"/> Lyme Disease PCR	L
<input type="checkbox"/> Mycoplasma haemofelis PCR (Hemobartenella)	L
<input type="checkbox"/> Mycoplasma haemolama PCR	L
<input type="checkbox"/> Rocky Mountain Spotted Fever PCR	L
<input type="checkbox"/> Sexing, Psittacine Blood PCR	L
PANELS	
<input type="checkbox"/> Canine Ehrlichiosis & Anaplasma PCR Panel	L
<input type="checkbox"/> Coombs Panel	L
<input type="checkbox"/> Feline Tick Panel PCR	L
<input type="checkbox"/> Tick Panel PCR	L
<input type="checkbox"/> Tick Titer Panel by IFA	S

Ship Samples to: UTCVM Immunology Laboratory
2407 River Drive, Room A239 | Knoxville, TN 37996-4542

 **865-974-5643**  **865-974-5644**  immunology@utk.edu

 vetmed.tennessee.edu/vmc/dls/immunology

For the most up-to-date test listings, lab forms, pricing, submission guidelines, and shipping instructions visit vetmed.tennessee.edu/vmc/dls

Diagnostic Laboratory Service

vetmed.tennessee.edu/vmc/dls

Practice:	
Veterinarian:	
Address:	
Phone:	
Fax:	
Email:	
Patient Name:	
Owner:	
Clinic Patient Chart No.:	
Species: Canine Feline Equine	Sex: Female Neutered/Spayed Other: Male Intact
THIS LAB ACCEPTS PRIMATE SAMPLES WITH PRIOR APPROVAL.	
Breed:	Age:
Has this animal been exposed to rabies, to any other zoonotic disease(s) or bitten anyone in the last 10 days? Yes No	
Is this a herd/litter/flock problem? Yes No If yes: How many died?	
How many were sick?	How many animals on farm?

Case History: *(history, medication, clinical signs, pertinent lab findings, tentative diagnosis)*

WEEKEND DROP-OFF POLICY FOR LARGE ANIMALS:
 UTCVM will no longer accept large animal drop-offs for necropsy between the hours of 11am – 5pm on Saturday and Sunday.
 Please call 974-5701 to schedule your drop-offs before or after this time period.

Necropsy - Anatomic Pathology 865-974-5673

TYPE OF NECROPSY	
Diagnostic Necropsy Rabies Only Insurance/Potential Legal Case	
Optional for Teaching Necropsy (call ahead for approval)	

NECROPSY INFORMATION:	
Date of death:	/ / mm/dd/yy
Time of death:	: AM PM Euthanized: Yes No
Any previous submissions to UTCVM labs on this case: Yes No	
If Yes, previous UT accession #:	

CREMATION/BODY DISPOSAL RELEASE	
Routine disposal by UTCVM	
Cremation (select from provider list below)	
Rest Haven Pet Services (865) 577-2900	
Tri-County Pet Services (865) 577-2866	
Yeargan Pet Cremation Services (865) 988-5555	
Other:	

Arrangements for collection of the body and return of ashes must be made by the owner/ agent or referring veterinarian. Please contact the preferred cremation service provider for billing and collection arrangements. ***Due to limited space, bodies cannot be held longer than 3 days at UTCVM***

AUTHORIZATION FOR RELEASE OF BODY	
*** Post-mortem will not be done without signature of the veterinarian. ***	

To the best of my knowledge, the information I have provided on this form is true. I understand this request will be carried out immediately upon signing this agreement. I hereby release the University of Tennessee Veterinary Medical Center, their agents, and representatives from any and all liability for said animal. I have read and understand this consent.

Signature of Veterinarian:

All communication of results/findings will be through the Referring Veterinarian's Practice named above. Final reports on State Funded Necropsy Examinations will also be forwarded to the State Veterinarian at Kord Diagnostic Laboratory in Nashville, TN. Final results may not be available for up to 60 days.

Other tissues/specimens submitted to: (check all that apply)			
<input type="checkbox"/> Bacteriology/Mycology	<input type="checkbox"/> Clinical Pathology	<input type="checkbox"/> Cytology	<input type="checkbox"/> Endocrinology
<input type="checkbox"/> Immunology	<input type="checkbox"/> Parasitology	<input type="checkbox"/> Virology	

Ship Samples to: UTCVM Anatomic Pathology Laboratory
 2407 River Drive, Room A205 | Knoxville, TN 37996-4543

☎ 865-974-5673 📠 865-974-5640 ✉ cvmanatomicpath@utk.edu
 🌐 vetmed.tennessee.edu/vmc/dls/necropsy

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For lab use only	Date:	Accession #:
	Pathologist:	Resident:

Diagnostic Laboratory Service

vetmed.tennessee.edu/vmc/dls

Practice:		
Veterinarian:		
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Specimen:		
Collector's Initials		
Site:	Date Collected:	Time Collected:
Patient Name:		
Owner:		
Clinic Patient Chart No.:		
Species: Canine Feline Equine	Sex: Female Neutered/Spayed	
Other: _____	Male Intact	
THIS LAB ACCEPTS PRIMATE SAMPLES WITH PRIOR APPROVAL.		
Breed:	Age:	
Case History: <i>(history, medication, clinical signs, pertinent lab findings, tentative diagnosis)</i>		

Other tissues/specimens submitted to: (check all that apply)

Bacteriology/Mycology
 Biopsy - Anatomical Pathology
 Clinical Pathology
 Cytology - Clinical Pathology
 Endocrinology
 Immunology
 Necropsy - Anatomical Pathology
 Parasitology
 Virology

RESULTS - FOR LAB USE ONLY

DATE COMPLETED: _____ PERFORMED BY: _____

Parasitology **865-974-5645**

For lab use only	Date:	Accession #:
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SPECIMEN REQUIREMENTS:
F = Feces **L** = Lavender **P** = Plasma **S** = Serum

FECAL EXAMINATIONS

SMALL ANIMAL

Fecal Panel (Zinc & Sugar Flotation), Small Animal F

Giardia 3 Day Check F

Giardia Panel & Sugar Flotation (Direct Smear, Zinc & Sugar Flotation, ELISA) F

Lungworm Panel (Baermann, Zinc & Sugar Flotation) F

LARGE ANIMAL

Fecal Baermann Test F

Fecal Egg Count F

Fecal Egg Count (Herd) - **SUBMIT 3+ SAMPLES FROM HERD** F

Fecal Float/Egg Count Panel F

ANY SPECIES

Fecal Sedimentation Call Lab

Fecal Smear Parasite Stain Call Lab

SEROLOGY

CANINE

Babesia canis by IFA Call Lab

Heartworm 4DX Plus SNAP™ & Knott's L & S or P

Heartworm SNAP™ & Knott's L & P or S

Heartworm Dirocheck™ & Knott's NO GREEN TOP L+S

Heartworm Verification Panel (Knott's + Dirocheck™ + SNAP™) NO GREEN TOP L+S

Heartworm Microfilaria Knott's (POST-TREATMENT EVALUATION) L

Neospora Serology S

FELINE

Heartworm Panel, Feline (Antigen & Antibody) P or S

OTHER SPECIES

Encephalitozoon* cuniculi IgM [Rabbit] Call Lab

Encephalitozoon* cuniculi IgG [Rabbit] Call Lab

Encephalitozoon* cuniculi IgG, IgM, CRP panel [Rabbit] Call Lab

EPM* Send Out Tests [Equine] Call Lab

Toxoplasma ELFA (Antibodies) [All mammals, except cetaceans and pinnipeds] S

PCR

Babesia PCR L

Cryptosporidium PCR F, Gastric Lavage

Cytauxzoon felis PCR L

MISCELLANEOUS

Hair Digest (Cheyletiella Mites) Call Lab

Parasite External Identification (Ticks/Mites/Lice/Fleas/Etc.) Call Lab

Parasite Internal Identification (Worms) Call Lab

Skin Scraping (Sarcoptes/Demodex Mites) Call Lab

* Denotes a Send Out Test

Ship Samples to: UTCVM Parasitology Laboratory
 2407 River Drive, Room A233 | Knoxville, TN 37996-4543

☎ 865-974-5645
 📠 865-946-1170
 ✉ parasitology@utk.edu
 🌐 vetmed.tennessee.edu/vmc/dls/parasitology

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Diagnostic Laboratory Service

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Practice:			
Veterinarian:			
Address:			
Phone:			
Fax:			
Email:			
Specimen:			Collector's Initials
Site:	Date Collected:	Time Collected:	
Patient Name:			
Owner:			
Clinic Patient Chart No.:			
Species: Canine	Feline	Equine	Sex: Female
Other: _____			Neutered/Spayed
			Male Intact
THIS LAB DOES NOT ACCEPT PRIMATE SAMPLES.			
Breed:			Age:

Case History: *(history, medication, clinical signs, pertinent lab findings, tentative diagnosis)*

Other tissues/specimens submitted to: (check all that apply)

Bacteriology/Mycology Biopsy - Anatomical Pathology Clinical Pathology

Cytology - Clinical Pathology Endocrinology Immunology

Necropsy - Anatomical Pathology Parasitology Virology

Ship to: UTCVM Virology Laboratory
2407 River Drive, Room A239 | Knoxville, TN 37996-4543

Virology

865-974-5880

For lab use only	Date:	Accession #:
SPECIMEN REQUIREMENTS:		
CSF = Cerebrospinal Fluid	IC = Intestinal Content	SL = Slide
F = Feces	L = Lavender	SW = Swab Top
FL = Fluid	P = Plasma	T = Tissue
G = Green Top	S = Serum	TI = Tissue Imprint
		U = Urine
		W = Wash

<input type="checkbox"/> Anaplasma phagocytophilum (Ehrlichia equi Titer)	S	<input type="checkbox"/> Feline Herpes & Calici RT PCR Panel	SW
<input type="checkbox"/> Blue Tongue Virus Titer	S	<input type="checkbox"/> Feline Herpesvirus by RT PCR	SW
<input type="checkbox"/> Bovine Abortion Panel (Serology)	S	<input type="checkbox"/> Feline Respiratory RT PCR Panel	SW
<input type="checkbox"/> Bovine Abortion Panel by IFAT	TI	<input type="checkbox"/> Feline Vaccinal Titer Panel	S
<input type="checkbox"/> Bovine Abortion RT PCR Panel	T	<input type="checkbox"/> FeLV IFA*	SL x 2, Air Dried
<input type="checkbox"/> Bovine Adenovirus 3 Titer	S	<input type="checkbox"/> FeLV by RT PCR	L
<input type="checkbox"/> Bovine Adenovirus 5 Titer	S	<input type="checkbox"/> FeLV/FIV Panel	S, G or P
<input type="checkbox"/> Bovine Diarrhea Viral PCR Panel	F or IC	<input type="checkbox"/> FeLV/FIV/FIP	S
<input type="checkbox"/> Bovine Herpesvirus Titer	S	<input type="checkbox"/> FIP by IFAT	FL or TI
<input type="checkbox"/> Bovine Parainfluenza 3 by PCR	T or SW	<input type="checkbox"/> FIP by RT PCR	F, FL or T
<input type="checkbox"/> Bovine Respiratory Panel (Serology)	S	<input type="checkbox"/> FIP Titer	S
<input type="checkbox"/> Bovine Respiratory Panel (IFAT)	TI	<input type="checkbox"/> Herpesvirus by IFAT	SL or TI
<input type="checkbox"/> Bovine Respiratory PCR Panel	SW or T	<input type="checkbox"/> Herpesvirus PCR with sequencing	SW
<input type="checkbox"/> Bovine Viral Diarrhea by IFAT	TI	<input type="checkbox"/> Herpesvirus Titer	S
<input type="checkbox"/> Bovine Viral Diarrhea (BVD) PCR	L or T	<input type="checkbox"/> Infectious Bovine Rhinotracheitis by RT PCR	SW or T
<input type="checkbox"/> Bovine Viral Diarrhea Titer	S	<input type="checkbox"/> Infectious Bovine Rhinotracheitis by IFA	SW
<input type="checkbox"/> Canine Adenovirus Titer	S	<input type="checkbox"/> Influenza A by RT PCR	SW or T
<input type="checkbox"/> Canine Distemper CSF Panel	S + CSF	<input type="checkbox"/> Leptospirosis Panel	L, T or U + S
<input type="checkbox"/> Canine Distemper PCR	CSF, SW, T or U	<input type="checkbox"/> Leptospira by RT PCR	L, S, T or U
<input type="checkbox"/> Canine Distemper Sequencing	L, F, SW, or U	<input type="checkbox"/> Leptospirosis Serology*	S
<input type="checkbox"/> Canine Distemper Serology (G and M)	S	<input type="checkbox"/> Lyme Disease Titer	S
<input type="checkbox"/> Canine Distemper Serology and Slide Panel	S+SL	<input type="checkbox"/> Mycoplasma PCR with sequencing (Reptiles)	SW
<input type="checkbox"/> Canine Distemper Titer IgG	CSF or S	<input type="checkbox"/> Ophidian Paramyxovirus Titer	S
<input type="checkbox"/> Canine Distemper Vaccine Screen	S	<input type="checkbox"/> Ophidian Paramyxovirus Titer 5+	S
<input type="checkbox"/> Canine Herpesvirus by RT PCR	SW or T	<input type="checkbox"/> Parainfluenza by IFAT	T or TI
<input type="checkbox"/> Canine Vaccinal Titer Panel	S	<input type="checkbox"/> Parainfluenza Titer	S
<input type="checkbox"/> Canine Viral Diarrhea Panel	F	<input type="checkbox"/> Parvo Vaccine Screen	S
<input type="checkbox"/> Chlamydia by RT PCR	F, SW or T	<input type="checkbox"/> Parvovirus by IFAT	TI
<input type="checkbox"/> Coronavirus by IFAT	TI	<input type="checkbox"/> Parvovirus by RT PCR	F or T
<input type="checkbox"/> Coronavirus Real-time PCR	F, FL or T	<input type="checkbox"/> Parvovirus Strain Sequencing	F or T
<input type="checkbox"/> Coronavirus Titer	S or FL	<input type="checkbox"/> Parvovirus Titer	S
<input type="checkbox"/> Equine Herpesvirus 1 by RT PCR - Neurotropic	L, SW or T	<input type="checkbox"/> Potomac Horse Fever Panel	L+S
<input type="checkbox"/> Equine Herpesvirus 4 by RT PCR	SW or T	<input type="checkbox"/> Potomac Horse Fever RT PCR	L
<input type="checkbox"/> Equine Herpesvirus Panel (1&4) by RT PCR	SW or T	<input type="checkbox"/> Potomac Horse Fever Titer	S
<input type="checkbox"/> EIA Routine AGID	S	<input type="checkbox"/> Ranavirus RT PCR	SW
<input type="checkbox"/> EIA Routine AGID - Digital	S	<input type="checkbox"/> Respiratory Syncytial Virus	T, TI or S
<input type="checkbox"/> EIA STAT by ELISA	S	<input type="checkbox"/> Respiratory Syncytial Virus RT PCR	SW or T
<input type="checkbox"/> EIA STAT by ELISA - Digital	S	<input type="checkbox"/> Rocky MTN Spotted Fever Titer	S
<input type="checkbox"/> Equine Influenza (Serology)	S	<input type="checkbox"/> Small Ruminant Abortion PCR Panel	T
<input type="checkbox"/> Equine Respiratory by RT PCR Panel	SW or W	<input type="checkbox"/> Tick Titer Panel by IFA	S
<input type="checkbox"/> Equine Streptococcus equi by RT PCR	SW or W	<input type="checkbox"/> Turtle Respiratory Panel	SW
<input type="checkbox"/> Feline Calicivirus RT PCR	SW	<input type="checkbox"/> Virus Isolation	call lab
<input type="checkbox"/> Feline Calicivirus Titer	S		

* Denotes a Send Out Test, RT=Real-time