UTCVM VETERINARY MEDICAL CENTER

Diagnostic Laboratory Service

vetmed.tennessee.edu/vmc/dls

Bacteriology/Mycology 865-974-5639

For lab use only	Date:	Accession #:

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

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 ❑ Other:_____	Sex: ❑ Female ❑ Neutered/Spayed ❑ 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

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

865-974-5639 FAX 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