


Diagnostic Laboratory Service

vetmed.tennessee.edu/vmc/dls

Practice:			
Veterinarian:			
Address (Street address, City/State, Zip Code):			
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, 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:
B = Blood **CSF** = Cerebrospinal Fluid **F** = Feces **P** = Plasma **S** = Serum **T** = Tissue **U** = Urine

MICROSCOPY/STAINS

- Acid Fast Stain
- Fungal Microscopy
- Gram Stain

INDIVIDUAL CULTURE AND ANTIMICROBIAL SUSCEPTIBILITY TESTING

- Aerobic & Anaerobic Culture
- Aerobic Culture
- Blood Culture (single) Call Lab
- Blood Culture (set of two) Call Lab
- Blood Culture (set of three) Call Lab
- Brucella Culture (heparinized blood) Call Lab
- Campylobacter Culture F
- Fecal Clostridium Culture F
- Fecal Culture, Avian and Exotic F
- Fecal Salmonella Culture F
- Fungal Culture
- Fungal Culture Dermatophytes only
- Fungal Susceptibility Prior Authorization Required
- Listeria Culture
- Milk Culture Milk
- Mycobacterium Culture
- Mycobacterium Susceptibility for Rapidly Growing AFB and Aerobic Actinomycetes Prior Authorization Required
- Mycoplasma Culture
- Urine Culture Cysto Voided Catheterization

CULTURE PANELS AND ANTIMICROBIAL SUSCEPTIBILITY TESTING

- Aerobic/Anaerobic/Fungal Culture
- Aerobic/Anaerobic/Mycoplasma Culture
- GI Panel (Aerobic/Anaerobic/Listeria/Campylobacter)
- Respiratory Panel (Aerobic/Anaerobic/Mycoplasma/Fungal)
- Wound Panel (Aerobic/Anaerobic/Mycoplasma/Fungal/Mycobacterium)




SEROLOGY/MOLECULAR/MISCELLANEOUS


- Aspergillus Antigen EIA* S or U
- Blastomyces Antigen EIA* S or U
- Brucella canis Serology* S
- Cryptococcus Antigen S or CSF
- Histoplasma Antigen EIA* S or U
- Leptospira Direct Immunofluorescence B, T**, or U
- Leptospira Panel (PCR only) B + U
- Leptospira Panel (Serology & PCR) B, U + P or S
- Leptospira PCR B, T**, or U
- Leptospira Serology P or S
- Leptospira Large/Farm Animal Herd Screening by IFA U
- Leptospira Large/Farm Animal Herd Screening by MAT S
- Leptospira Large/Farm Animal Herd Screening by PCR U
- Organism ID PCR With Sequencing

Current or recent antibiotics:

* Denotes a Send Out Test **1-2 inch necropsy sample from liver and kidney tissue

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

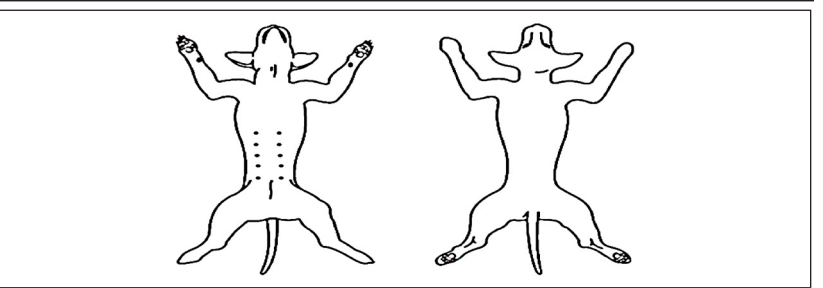
Select type of biopsy: **Routine** **STAT**

Practice:	
Veterinarian:	
Address (Street address, City/State, Zip Code):	
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)

<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/biopsy

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 (Street address, City/State, Zip Code):		
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"/> Blood Smear Exam	SL+L	<input type="checkbox"/> Centesis Fluid Exam with Rivalta test
<input type="checkbox"/> Bone Marrow Cytology and Report	SL+L	<input type="checkbox"/> CSF Analysis w/Cytology and Report
<input type="checkbox"/> Buffy Coat Exam	L	<input type="checkbox"/> Cytology Smear Evaluation & Report
<input type="checkbox"/> Centesis Fluid Exam and Report	L+R	<input type="checkbox"/> Synovial Fluid Exam and Report

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 (Street address, City/State, Zip Code):		
Phone:		
Fax:		
Specimen:		
Specimen:	Collector's Initials	
Site:	Date Collected:	Time Collected:
Patient Name:		
Owner:		
Clinic Patient Chart No.:		
Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Equine	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Neutered/Spayed	
Other: _____	<input type="checkbox"/> Male <input type="checkbox"/> 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

For lab use only	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 General Chemistry Panel	G
<input type="checkbox"/> ALK Phos	G	<input type="checkbox"/> Large Animal Panel and Electrolytes	G
<input type="checkbox"/> ALK Phosphatase, Heat Stable	G	<input type="checkbox"/> LDH	G
<input type="checkbox"/> ALT	G	<input type="checkbox"/> Lipase	G
<input type="checkbox"/> Ammonia	Call Lab	<input type="checkbox"/> Lipid Panel	G
<input type="checkbox"/> AST	G	<input type="checkbox"/> Mg	G
<input type="checkbox"/> Avian/Herp Chem Panel, Major	G	<input type="checkbox"/> Phenobarbital	G
<input type="checkbox"/> Avian/Herp Chem Panel, Minor	G	<input type="checkbox"/> Phosphorus	G
<input type="checkbox"/> Bile Acids Fasting	R	<input type="checkbox"/> Pre-Op Panel, Large Animal	G
<input type="checkbox"/> Bile Acids Fast & 2 Hr Pp	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"/> Bilirubin, Total	G	<input type="checkbox"/> Renal Panel	G
<input type="checkbox"/> Calcium	G	<input type="checkbox"/> Serial Glucoses	G
<input type="checkbox"/> Cholesterol	G	<input type="checkbox"/> Small Animal General Chemistry Panel	G
<input type="checkbox"/> C-Reactive Protein (CRP) <i>Canine only</i>	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"/> Iron Panel	G	<input type="checkbox"/> Urine Protein/Creatinine Ratio	U
<input type="checkbox"/> Ketones, Serum	R		

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)	Call Lab
<input type="checkbox"/> Coagulation Profile & Platelet Count	Call Lab	<input type="checkbox"/> PTT (Activated Partial Thromboplastin Time, aPTT)	Call Lab
<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

* 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 (Street address, City/State, Zip Code):			
Phone:			
Preferred method for results: <input type="checkbox"/> Fax <input type="checkbox"/> Email			
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	Spayed Female	
Other:	Intact Male	Castrated Male	
Breed:			Age:
THIS LAB DOES NOT ACCEPT PRIMATE SAMPLES.			
Case History: <i>(history, medication, clinical signs, pertinent lab findings, tentative diagnosis, suspected organisms)</i>			

Endocrinology

865-974-5638

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

ADRENAL FUNCTION

*Adrenal Panel results are available in 7-10 business days.
Additional tubes beyond protocol will incur an extra charge.

- Adrenal Panel - ACTH Stim**
Cortisol, progesterone, 17-hydroxyprogesterone, estradiol, androstenedione, testosterone *in baseline 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-Androgen Panel, Suppression**
Cortisol Suppression, Androstenedione Suppression, Estradiol Suppression, Progesterone Suppression, 17-OH Progesterone Suppression, Testosterone Suppression, and Baseline Adrenal Panel Canine
- Adrenal Panel - Baseline**
Baseline estradiol, androstenedione, 17-hydroxyprogesterone Ferret
- Adrenal Panel - Baseline**
Baseline cortisol, progesterone, 17-hydroxyprogesterone, androstenedione, testosterone Rabbit, castrated/spayed only
- 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, Additional tube*** Canine, Feline, castrated/spayed only

- 17-Hydroxyprogesterone, Baseline Canine and Ferret (Feline-castrated/spayed only)
- 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, Ferret (Feline - castrated/spayed only)
- Androstenedione, Pre & Post (ACTH Stim) Canine (Feline - castrated/spayed only)
- Cortisol, Baseline Canine, Equine (Feline - castrated/spayed only)
- Cortisol, Pre & Post (ACTH Stim) Canine (Feline - castrated/spayed only)
- Cortisol, Pre & Post Trilostane Canine
- Cortisol, Post Trilostane Canine
- 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 Canine (Feline and Rabbit - castrated/spayed only)
- Reproductive Hormones
Baseline estradiol, progesterone, testosterone Canine (Feline - castrated/spayed only)
- Spay/Neuter Check (Anti-Mullerian Hormone) Canine and Feline
- Testosterone, Baseline Canine (Feline and Rabbit - castrated/spayed only)

THYROID FUNCTION

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

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

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

Diagnostic Laboratory Service

vetmed.tennessee.edu/vmc/dls

Immunology

865-974-5880

Practice:
Veterinarian:
Address (Street address, City/State, Zip Code):
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:

For lab use only Date: Accession #:

SPECIMEN REQUIREMENTS:
A = Aspirate FL = Fluid L = Lavender S = Serum U = Urine

Table with 2 columns: Test Name and Specimen Type. Rows include Antinuclear Antibody (ANA) by IFA, Bartonella Henselae by IFA, Blood Typing - Canine, Blood Typing - Feline, Bovine Pregnancy ELISA, Crossmatch (After Hours), Crossmatch STAT, Ehrlichia canis Titer by IFA, Equine Tapeworm Antibody Detection ELISA, IgG Level (RID) - Camelid, Equine, Johnes by ELISA, Protein Electrophoresis, Urine Electrophoresis - Canine, Equine, Feline.

Table with 2 columns: Test Name and Specimen Type. Rows include Immunophenotyping Flow - Lymphocyte, Neutrophil Surface Antibody Flow, Platelet Bound Antibody Flow, Red Blood Cell Surface Antibody Flow.

Table with 2 columns: Test Name and Specimen Type. Rows include Anaplasma (Platys and Phagocytophilum) PCR, Anaplasma Marginale PCR, Bartonella Genera PCR, Demodex Gatoi RT PCR, Dermatophilus Congolensis PCR, Ehrlichia canis PCR, FIV PCR, Lyme Disease PCR, Mycoplasma haemofelis PCR (Hemobartenella), Mycoplasma haemolama PCR, Rocky Mountain Spotted Fever PCR, Sexing, Psittacine Blood PCR.

Table with 2 columns: Test Name and Specimen Type. Rows include Canine Ehrlichiosis & Anaplasma PCR Panel, Coombs Panel, Feline Tick Panel PCR, Tick Panel PCR.

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 Immunology Laboratory
2407 River Drive, Room A239 | Knoxville, TN 37996-4542

865-974-5880 865-974-5644 virologyimmunology@utk.edu
vetmed.tennessee.edu/vmc/dls/immunology

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Diagnostic Laboratory Service

vetmed.tennessee.edu/vmc/dls

Practice:	
Veterinarian:	
Address (Street address, City/State, Zip Code):	
Phone:	
Fax:	
Email:	
Patient Name:	
Owner:	
Clinic Patient Chart No.:	
Species: Canine Feline Equine Other: _____	Sex: Female Neutered/Spayed 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	
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 Servicevetmed.tennessee.edu/vmc/dls

Practice:		
Veterinarian:		
Address (Street address, City/State, Zip Code):		
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 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 #:
SPECIMEN REQUIREMENTS: F = Feces L = Lavender P = Plasma S = Serum		

FECAL EXAMINATIONS**SMALL ANIMAL**

- | | |
|--|---|
| <input type="checkbox"/> Giardia Panel & Sugar Flotation (Zinc & Sugar Flotation, ELISA) | F |
| <input type="checkbox"/> Lungworm Panel (Baermann, Zinc & Sugar Flotation) | F |
| <input type="checkbox"/> Routine Fecal Panel (Zinc & Sugar Flotation), Small Animal | F |

LARGE ANIMAL

- | | |
|---|---|
| <input type="checkbox"/> Fecal Egg Count | F |
| <input type="checkbox"/> Fecal Egg Count (Herd) - SUBMIT 3+ SAMPLES FROM HERD | F |
| <input type="checkbox"/> Fecal Float/Egg Count Panel | F |
| <input type="checkbox"/> Large Animal Lungworm Panel (Baermann, Zinc Flotation) | F |

ANY SPECIES

- | | |
|--|----------|
| <input type="checkbox"/> Heterobilharzia/Schistosome | Call Lab |
|--|----------|

SEROLOGY**CANINE**

- | | |
|---|------------|
| <input type="checkbox"/> Heartworm Dirocheck™ & Knott's NO GREEN TOP | L+ S |
| <input type="checkbox"/> Heartworm 4DX Plus SNAP™ & Knott's | L & S or P |
| <input type="checkbox"/> Heartworm Dirocheck™ & Knott's NO GREEN TOP | L+ S |
| <input type="checkbox"/> Heartworm Verification Panel (Knott's + Dirocheck™ + SNAP™) NO GREEN TOP | L+ S |
| <input type="checkbox"/> Heartworm Microfilaria Knott's (POST-TREATMENT EVALUATION) | L |
| <input type="checkbox"/> Neospora Serology* | S |

FELINE

- | | |
|--|----------|
| <input type="checkbox"/> Heartworm Antigen, Feline | S |
| <input type="checkbox"/> Heartworm Panel, Feline (Antigen & Antibody)* | Call Lab |

OTHER SPECIES

- | | |
|---|---|
| <input type="checkbox"/> Toxoplasma TgMAT | S |
|---|---|

MISCELLANEOUS

- | | |
|---|----------|
| <input type="checkbox"/> Parasite External Identification (Ticks/Mites/Lice/Fleas/Etc.) | Call Lab |
| <input type="checkbox"/> Parasite Internal Identification (Worms) | Call Lab |
| <input type="checkbox"/> Parelaphostrongylus tenuis (Meningeal/Brain Worm) PCR | 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

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 (Street address, City/State, Zip Code):		
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)*

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	G = Green Top	S = Serum
DF = Diarrheic Feces	IC = Intestinal Content	SL = Slide
F = Feces	L = Lavender	SW = Swab Top
FL = Fluid	P = Plasma	T = Tissue
		TI = Tissue Imprint
		U = Urine
		W = Wash

- | | |
|---|---|
| <input type="checkbox"/> Adult Diarrhea PQRC Panel* F | <input type="checkbox"/> Feline Herpes & Calici Real-time PCR and RT-PCR Panel SW |
| <input type="checkbox"/> Bovine Abortion Real-time PCR and RT-PCR Panel* T | <input type="checkbox"/> Feline Herpesvirus by RT PCR SW |
| <input type="checkbox"/> Bovine Coronavirus F or L | <input type="checkbox"/> Feline Panleukopenia by Real-time PCR |
| <input type="checkbox"/> Bovine E. Coli RT-PCR F or L | <input type="checkbox"/> Feline Respiratory Real-time PCR and RT-PCR Panel SW |
| <input type="checkbox"/> Bovine Parainfluenza 3 by RT-PCR T or SW | <input type="checkbox"/> FeLV IFA* SL x 2, Air Dried |
| <input type="checkbox"/> Bovine Respiratory Real-time PCR and RT-PCR Panel SW or T | <input type="checkbox"/> FeLV by RT PCR L |
| <input type="checkbox"/> Bovine Rotavirus RT-PCR F or L | <input type="checkbox"/> FIP by IFAT (Titer) S |
| <input type="checkbox"/> Bovine Salmonella RT-PCR F or L | <input type="checkbox"/> Foal Diarrhea PQRC Panel* F |
| <input type="checkbox"/> Bovine Viral Diarrhea Virus (BVD) RT-PCR L or T | <input type="checkbox"/> Herpesvirus by IFAT S |
| <input type="checkbox"/> Canine Distemper IFAT (Titer) SL | <input type="checkbox"/> Herpesvirus PCR with Sequencing SW or T |
| <input type="checkbox"/> Canine Distemper IgG Titer S | <input type="checkbox"/> Infectious Bovine Rhinotracheitis by RT PCR SW or T |
| <input type="checkbox"/> Canine Distemper IgM Titer S | <input type="checkbox"/> Influenza A by RT-PCR SW or T |
| <input type="checkbox"/> Canine Distemper RT-PCR CSF, SW, T or U | <input type="checkbox"/> Lyme Disease Titer S |
| <input type="checkbox"/> Canine Distemper Sequencing* L, F, SW, or U | <input type="checkbox"/> Mycoplasma PCR with Sequencing (Reptiles) SW |
| <input type="checkbox"/> Canine Distemper Vaccine Screen S | <input type="checkbox"/> Parvovirus by IFAT (Titer) S |
| <input type="checkbox"/> Canine Herpesvirus by RT PCR SW or T | <input type="checkbox"/> Parvovirus by RT PCR F or T |
| <input type="checkbox"/> Chlamydia by RT PCR F, SW or T | <input type="checkbox"/> Parvovirus Strain Sequencing F or T |
| <input type="checkbox"/> Coronavirus RT-PCR F, FL or T | <input type="checkbox"/> Parvovirus Vaccine Screen S |
| <input type="checkbox"/> EIA Routine AGID S | <input type="checkbox"/> Potomac Horse Fever Titer s |
| <input type="checkbox"/> EIA Routine AGID - Digital S | <input type="checkbox"/> Ranavirus RT PCR SW |
| <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 Herpesvirus 1 by Real-time PCR - Neurotropic L, SW or T | <input type="checkbox"/> Tick Titer Panel by IFA S |
| <input type="checkbox"/> Equine Herpesvirus 1 by Real-time PCR L, SW or T | <input type="checkbox"/> Turtle Respiratory Panel SW |
| <input type="checkbox"/> Equine Herpesvirus 4 by Real-time PCR- Neurotropic L, SW or T | <input type="checkbox"/> Virus Isolation Call Lab |
| <input type="checkbox"/> Equine Influenza (Serology)* Call Lab | |
| <input type="checkbox"/> Equine Respiratory RT-PCR Panel by Real-time PCR SW | |
| <input type="checkbox"/> Equine Streptococcus equi by RT PCR SW | |
| <input type="checkbox"/> Feline Calicivirus RT-PCR SW | |
| <input type="checkbox"/> Feline Calicivirus Titer S | |

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