


**Diagnostic Laboratory Service**

[vetmed.tennessee.edu/vmc/dls](http://vetmed.tennessee.edu/vmc/dls)

**Bacteriology/Mycology 865-974-5639**

<b>For lab use only</b>	Date:	Accession #:
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**SPECIMEN REQUIREMENTS:**  
**B** = Blood    **CSF** = Cerebrospinal Fluid    **F** = Feces    **P** = Plasma    **S** = Serum    **U** = Urine

Practice:		
Veterinarian:		
Address (Street address, City/State, Zip Code):		
Phone:		
Fax:		
Email:		
Specimen:	Collector's Initials	
Site:	Date Collected:	Time Collected:
Patient Name:		
Owner:		
<b>Clinic Patient Chart No.:</b>		
Species: Canine    Feline    Equine	Sex: Female    Neutered/Spayed	
Other: _____	Male    Intact	
<b>THIS LAB DOES NOT ACCEPT PRIMATE SAMPLES.</b> 		
Breed:	Age:	

- Acid Fast Stain
  - Aerobic Culture
  - Aerobic & Anaerobic Culture
  - Aerobic/Anaerobic/Fungal Culture
  - Aerobic/Anaerobic/Mycoplasma Culture
  - Aspergillus Panel\* P
  - Blastomyces Antigen EIA\* S or U
  - Blood Culture Call Lab
  - Brucella canis Serology S
  - Campylobacter Culture F
  - Clostridium difficile Toxin F
  - Clostridium perfringens Enterotoxin F
  - Clostridium Toxins Panel F
  - 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 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
  - 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

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

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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

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](mailto:bacteriology@utk.edu)  
 🌐 [vetmed.tennessee.edu/vmc/dls/bacteriology](http://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](http://vetmed.tennessee.edu/vmc/dls)

**Diagnostic Laboratory Service**

[vetmed.tennessee.edu/vmc/dls](http://vetmed.tennessee.edu/vmc/dls)

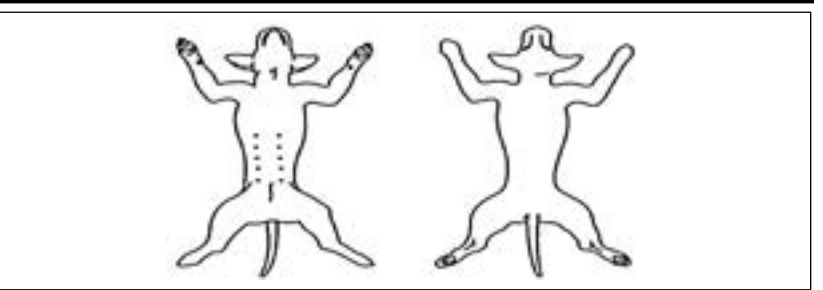
Select type of biopsy:     **Routine**                     **STAT**

Practice:	
Veterinarian:	
Address (Street address, City/State, Zip Code):	
Phone:	
Fax:	
Email:	
Patient Name:	
Owner:	
<b>Clinic Patient Chart No.:</b>	
Species:    Canine    Feline    Equine	Sex:    Female    Neutered/Spayed
Other: _____	Male        Intact
<b>THIS LAB ACCEPTS PRIMATE SAMPLES WITH PRIOR APPROVAL.</b>	
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**

<b>For lab use only</b>	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](mailto:cvmanatomicpath@utk.edu)  
 🌐 [vetmed.tennessee.edu/vmc/dls/biopsy](http://vetmed.tennessee.edu/vmc/dls/biopsy)

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**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:		
<b>Clinic Patient Chart No.:</b>		
Species: Canine Feline Equine Other: _____	Sex: Female Male	Neutered/Spayed 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

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

**CYTOLOGY**

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

**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](mailto:clinpath@utk.edu)

🌐 [vetmed.tennessee.edu/vmc/dls/clinpath](http://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](http://vetmed.tennessee.edu/vmc/dls)

**PLEASE DO NOT WRITE BELOW THIS LINE**

DATE COMPLETED: \_\_\_\_\_

PERFORMED BY: \_\_\_\_\_

**Diagnostic Laboratory Service**

[vetmed.tennessee.edu/vmc/dls](http://vetmed.tennessee.edu/vmc/dls)

Practice:		
Veterinarian:		
Address (Street address, City/State, Zip Code):		
Phone:		
Fax:		
<b>Specimen:</b>		
Specimen:		Collector's Initials
Site:	Date Collected:	Time Collected:
Patient Name:		
Owner:		
<b>Clinic Patient Chart No.:</b>		
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	
<b>THIS LAB ACCEPTS PRIMATE SAMPLES WITH PRIOR APPROVAL.</b>		
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**

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

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

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](mailto:clinpath@utk.edu)  
 🌐 [vetmed.tennessee.edu/vmc/dls/clinpath](http://vetmed.tennessee.edu/vmc/dls/clinpath)

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**Diagnostic Laboratory Service**

[vetmed.tennessee.edu/vmc/dls](http://vetmed.tennessee.edu/vmc/dls)

Practice:			
Veterinarian:			
Address (Street address, City/State, Zip Code):			
Phone:			
Fax:			
Email:			
Specimen:			Collector's Initials
# of samples:	Date Collected:	Time Collected:	
Patient Name:			
Owner:			
<b>Clinic Patient Chart No.:</b>			
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:**  
*(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

# Endocrinology

**865-974-5638**

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

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

**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](mailto:endocrinology@utk.edu)  
[vetmed.tennessee.edu/vmc/dls/endocrinology](http://vetmed.tennessee.edu/vmc/dls/endocrinology)

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**Diagnostic Laboratory Service**

[vetmed.tennessee.edu/vmc/dls](http://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:		
<b>Clinic Patient Chart No.:</b>		
Species: Canine Feline Equine	Sex: Female	Neutered/Spayed
Other: _____	Male	Intact
<b>THIS LAB DOES NOT ACCEPT PRIMATE SAMPLES.</b>		
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

# Immunology

**865-974-5643**

<b>For lab use only</b>	Date:	Accession #:
<b>SPECIMEN REQUIREMENTS:</b>		
<b>A</b> = Aspirate	<b>FL</b> = Fluid	<b>L</b> = Lavender <b>S</b> = Serum <b>U</b> = 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 - Canine only	L
<input type="checkbox"/> Platelet Bound Antibody Flow	L
<input type="checkbox"/> Red Blood Cell Surface Antibody Flow	L

**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](mailto:immunology@utk.edu)  
[vetmed.tennessee.edu/vmc/dls/immunology](http://vetmed.tennessee.edu/vmc/dls/immunology)

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UTCVM VETERINARY MEDICAL CENTER

Diagnostic Laboratory Service

vetmed.tennessee.edu/vmc/dls

Virology

865-974-5880

Form header containing 'For lab use only', 'Date:', 'Accession #:', and 'SPECIMEN REQUIREMENTS:' with various sample type abbreviations like CSF, F, FL, G, IC, L, P, S, SL, SW, T, TI, U, W.

Practice information form including fields for Veterinarian, Address, Phone, Fax, Email, Specimen, Site, Date Collected, Time Collected, Patient Name, Owner, and Breed.

Case History section with a dotted border and a sub-section for 'Other tissues/specimens submitted to' with checkboxes for Bacteriology, Biopsy, Clinical Pathology, Cytology, Endocrinology, Immunology, Necropsy, Parasitology, and Virology.

- Long list of laboratory tests including Anaplasma phagocytophilum, Blue Tongue Virus Titer, Bovine Abortion Panel, Bovine Adenovirus 3/5 Titer, Bovine Diarrhea Viral PCR Panel, Bovine Herpesvirus Titer, Bovine Parainfluenza 3 by PCR, Bovine Respiratory Panel (Serology), Bovine Respiratory Panel (IFAT), Bovine Respiratory PCR Panel, Bovine Viral Diarrhea by IFAT, Bovine Viral Diarrhea (BVD) PCR, Bovine Viral Diarrhea Titer, Canine Adenovirus Titer, Canine Distemper CSF Panel, Canine Distemper PCR, Canine Distemper Serology, Canine Distemper Serology and Slide Panel, Canine Distemper Titer IgG, Canine Distemper Vaccine Screen, Canine Herpesvirus by RT PCR, Canine Vaccinal Titer Panel, Canine Viral Diarrhea Panel, Chlamydia by RT PCR, Coronavirus by IFAT, Coronavirus Real-time PCR, Coronavirus Titer, Equine Herpesvirus 1 by RT PCR, Equine Herpesvirus 4 by RT PCR, Equine Herpesvirus Panel (1&4) by RT PCR, EIA Routine AGID, EIA Routine AGID - Digital, EIA STAT by ELISA, EIA STAT by ELISA - Digital, Equine Influenza (Serology), Equine Respiratory by RT PCR Panel, Equine Streptococcus equi by RT PCR, Feline Calicivirus RT PCR, Feline Calicivirus Titer, Feline Herpes & Calici RT PCR Panel, Feline Herpesvirus by RT PCR, Feline Respiratory RT PCR Panel, Feline Vaccinal Titer Panel, FeLV IFA\*, FeLV by RT PCR, FeLV/FIV Panel, FeLV/FIV/FIP, FIP by IFAT, FIP by RT PCR, FIP Titer, Herpesvirus by IFAT, Herpesvirus PCR with sequencing, Herpesvirus Titer, Infectious Bovine Rhinotracheitis by RT PCR, Infectious Bovine Rhinotracheitis by IFA, Influenza A by RT PCR, Lyme Disease Titer, Mycoplasma PCR with sequencing (Reptiles), Ophidian Paramyxovirus Titer, Ophidian Paramyxovirus Titer 5+, Parainfluenza by IFAT, Parainfluenza Titer, Parvo Vaccine Screen, Parvovirus by IFAT, Parvovirus by RT PCR, Parvovirus Strain Sequencing, Parvovirus Titer, Potomac Horse Fever Panel, Potomac Horse Fever RT PCR, Potomac Horse Fever Titer, Ranavirus RT PCR, Respiratory Syncytial Virus, Respiratory Syncytial Virus RT PCR, Rocky MTN Spotted Fever Titer, Small Ruminant Abortion PCR Panel, Tick Titer Panel by IFA, Turtle Respiratory Panel, Virus Isolation.

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

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

865-974-5880 FAX 865-974-5644 virology@utk.edu

vetmed.tennessee.edu/vmc/dls/virology

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