

**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

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

<b>For lab use only</b>	Date:	Accession #:
-------------------------	-------	--------------

**SPECIMEN REQUIREMENTS:**  
**B** = Blood    **CSF** = Cerebrospinal Fluid    **F** = Feces    **P** = Plasma    **S** = Serum    **U** = Urine

- 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

*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)