

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, suspected organisms)

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

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