

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"/> 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
 🌐 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