



VETERINARY DIAGNOSTIC LABORATORY  
 Fort Collins, CO 80523  
 Phone: 491-1281; FAX: 491-0320

Diagnostic Lab No. \_\_\_\_\_

Date Received \_\_\_\_\_

Case Coordinator \_\_\_\_\_

Clinic Code or VTH # \_\_\_\_\_

Person to be billed: ( ) Veterinarian ( ) Owner  
 Send results by: ( ) Mail ( ) Phone ( ) Fax ( ) E-mail  
 Preliminary fax: ( )

All results will be mailed unless otherwise requested. Phone and Fax numbers must be complete and legible.

Veterinarian \_\_\_\_\_

Owner \_\_\_\_\_

Clinic \_\_\_\_\_

Business \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Animal ID	Species	Breed	Age	Sex	List samples, dates collected, and how preserved: ( > 3 samples, continue on separate form)

**HISTORY:** (Clinical signs, lesions, duration, number of animals affected, clinical diagnosis)

\_\_\_ Diarrhea Screen (Screens include: aerobic bacteria, viruses,  
 \_\_\_ Abortion Screen parasites, ± histopath, ± toxicology)

\_\_\_ Abortion Serology Panel  
 \_\_\_ Respiratory Serology Panel

**BACTERIOLOGY:**

\_\_\_ Aerobic culture of \_\_\_ Anaerobic culture\* of \_\_\_  
 \_\_\_ Antibiotic Sensitivity \_\_\_ Campylobacter\*  
 \_\_\_ Mycobacterium \_\_\_ Mycoplasma\*  
 \_\_\_ Clostridial Fecal Culture \_\_\_ Fungal Culture  
 \_\_\_ Clostridial Enterotoxin

**VIROLOGY:**

\_\_\_ FA/IP/PCR\*/Virus Isolation\* for \_\_\_\_\_  
 \_\_\_ Chlamydial Detection\*  
 \_\_\_ Fecal Virus Exam (EM/ELISA) \_\_\_ Rabies Exam

**CLINICAL PATHOLOGY for:** \_\_\_\_\_

Cytology for: \_\_\_ Urinalysis \_\_\_ CBC  
 Fluid Analysis \_\_\_ Diagnostic Profile \_\_\_ Other \_\_\_\_\_

**ENDOCRINOLOGY:** \_\_\_\_\_

**TOXICOLOGY/CHEMISTRY for:** \_\_\_\_\_

**PARASITOLOGY for:** \_\_\_\_\_

**PATHOLOGY:** \_\_\_ Necropsy \_\_\_ Histopath \_\_\_ Uterine Biopsy  
 \_\_\_ Dermatohistopathology  
 \_\_\_ Histopath Mailers Needed

\*Special transport media required, available on request from laboratory  
 Results (for lab use only):

**SEROLOGY:**

<b>Bovine</b>	<b>Equine</b>	<b>Canine</b>
___ IBR	___ EHV	___ CDV
___ BVD	___ EVA	___ CPV
___ BRSV	___ Flu	___ CHV
___ PI3	___ VSV	___ Ehrlichia
___ BLV	___ Lepto-5	___ Brucella
___ BT	___ Ehrlichia	___ Heartworm
___ VSV	___ Brucella	___ Toxo IgG/IgM
___ Brucella		___ RMSF
___ Lepto-5		___ Lepto-5
___ Johne's ELISA		___ Lyme
<b>Feline</b>	<b>Porcine</b>	<b>Ovine/Caprine</b>
___ FHV/FCV	___ PRV	___ OPP
___ FPV	___ PRRS	___ BT
___ FIP	___ Flu	___ CAE
___ FIV/FeLV	___ TGE	___ Brucella
___ FeLV	___ PPV	___ Johne's AGID
___ Heartworm	___ Brucella	
___ Toxo IgG/IgM		

\_\_\_ Fungal Panel (Aspergillus, Histoplasma, Blastomyces, Coccidioides)  
 \_\_\_ Cryptococcus

Therapeutic Drug Monitoring \_\_\_ Phenobarb \_\_\_ Digoxin

**IMMUNOLOGY:**

\_\_\_ IgG \_\_\_/IgM \_\_\_/IgA Quantitation \_\_\_ Panel \_\_\_ IgG CITE  
 \_\_\_ Electrophoresis \_\_\_ ANA Titer  
 \_\_\_ PCR for Lymphoma (Canine only)  
 \_\_\_ Flow Cytometry (Canine & Feline only)

**OTHER:** \_\_\_\_\_

Called/Faxed \_\_\_\_\_

Date \_\_\_\_\_

Postage Charges \_\_\_\_\_