



Kansas State Veterinary
DIAGNOSTIC LABORATORY

CLINICAL PATHOLOGY SUBMISSION FORM

Kansas State Veterinary Diagnostic Laboratory
1800 Denison Avenue, Mosier D117, Manhattan, KS 66506
Phone: (866) 512-5650 Fax: (785) 532-4835
www.ksvdl.org

Laboratory Use Only

Case Coordinator _____

Panel _____

Please download/save and use Adobe Acrobat to complete form. Many web browsers cannot fill form fields

Accession Number _____

BILL TO: Clinic Owner Third Party Third Party to Receive Results? Yes No

Third Party Contact Info: _____

CLINIC ACCOUNT # _____

Veterinarian _____

Clinic/Company _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

E-mail _____

OWNER/PRODUCER

Owner Name _____

Business/Premise _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Cell _____

Fax or E-mail _____

Send Results Via: (Check all that apply) E-Mail Fax Also Send Results to Owner: _____

| ANIMAL/SPECIMEN INFORMATION | | | | | | | |
|---|-----------|-------|-----|--|--|----------------------------|--|
| Sex Codes: M = Male, MC= Castrated Male, F=Female, FS = Spayed Female | | | | Age Codes: Y =Years, M=Months, W=Weeks, D=Days | | | |
| SPECIES | ANIMAL ID | BREED | SEX | AGE | SPECIMEN TYPE(S) (serum, urine, slide, etc.) | DATE/TIME SAMPLE COLLECTED | |
| | | | | | | | |
| | | | | | | | |

HEMATOLOGY ASSAYS

- CBC (SA mammalian) (EDTA)
- CBC (LA mammalian) with fibrinogen (heat ppt) (EDTA)
- CBC (avian/reptile) (Heparin)
- Blood film examination for Atypical Cells
- Blood film examination for Parasites
- Buffy coat examination
- Automated platelet count (EDTA)
- Hematocrit (Hct or PCV) (centrifuged) (EDTA)
- Total Protein (refract) & Hct (EDTA)
- Total Protein (refract) (EDTA)
- Total Protein (refract) & Fibrinogen (heat ppt.) (EDTA)
- Reticulocyte count/percentage (EDTA)
- Reticulocyte concentration (need RBC count) (EDTA)
- Crossmatch (up to 5 donors)

COAGULATION ASSAYS

- (Na Citrate – blue top, plasma separated, sent on ice overnight)
- Coagulation Profile (PT & APTT)
 - Coagulation/Fibrinolysis Profile (PT, APTT, Fibrinogen, FDP)
 - Prothrombin Time (PT)
 - Activated Partial Thromboplastin Time (APTT)
 - Fibrinogen (Clauss method)
 - Fibrin/Fibrinogen Degradation Products (FDP) (plasma)

CHEMISTRY PANELS (Serum or Plasma, Separated)

- Small Animal Chemistry Panel (red top)
- Equine Chemistry Panel (red top)
- Ruminant Chemistry Panel (red top)
- Hepatic Profile (red top)
- Renal Profile (Urea N, Creatinine, Pi, Na, K, Cl)(red top)
- Electrolyte Panel (Na, K, Cl)(red top)
- Avian/Reptile Chemistry Panel (heparin, green top)
- Dairy Metabolic Profile (Ca, Mg, P, NEFA)

URINE TESTING (Routine and Quantitative)

- Collection: Voided Catch Off Floor Off Table
 Cystocentesis Catheter
- Urinalysis with microscopic exam
 - Calcium
 - Creatinine
 - Glucose
 - Phosphorus
 - Protein, micro method
 - Urea Nitrogen
 - Protein/Creatinine Ratio
 - Chloride
 - GGT
 - Magnesium
 - Potassium
 - Sodium
 - Uric Acid

INDIVIDUAL CHEMISTRY ASSAYS

- Albumin
- ALP
- ALT (SGPT)
- Amylase
- AST (SGOT)
- BHBA
- Bicarbonate
- Bile Acid (serum only)
 - Fasting
 - Post 2 hr.
 - Random
- Bilirubin, Direct
- Bilirubin, Total
- Calcium (total)
- Chloride (Cl)
- Cholesterol
- CK
- Creatinine
- GGT
- Glucose
- Lipase
- Magnesium (total)
- NEFA
- Osmolality
- Phosphorus (Pi)
- Potassium (K)
- Protein, Total
- Protein electrophoresis
- Sodium (Na)
- Triglyceride
- Urea Nitrogen, BUN
- Uric Acid

This submission form is a legal binding contract between KSVDL and the submitting entity. All specimens, animals, and/or biological materials submitted to the KSVDL as well as any test results, diagnoses, or other analyses resulting from these submissions will become the property of KSVDL. Specimens also may be used for teaching purposes. All fees incurred are the responsibility of the submitting entity. A 1.5% finance charge will be assessed on all charges over 30 days.

Veterinarian _____

Owner Name _____

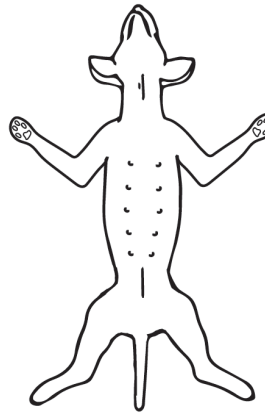


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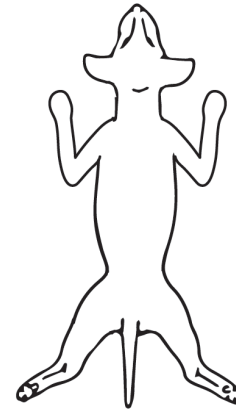
Accession Number

FLUID ANALYSIS

- CSF (TP, TNCC, RBC, slide exam)
Site AO Lumbar
- Pericardial Fluid (ref. TP, TNCC, slide exam)
- Peritoneal Fluid (ref. TP, TNCC, slide exam)
- Pleural Fluid (ref. TP, TNCC, slide exam)
- Synovia (ref. TP, TNCC, mucin clot, slide exam)
- Tendon Sheath fluid (same as synovia analysis)
- Total Nucleated Cell Count (TNCC) & Total Protein
- TNCC only
- Total Protein (refractometric) only



Ventral



Dorsal

TISSUE ANALYSIS ("Cytology")

Complete Site Information Below For These Requests

- Microscopic examination of cells ("cytology")
- Bone marrow aspiration biopsy
- Bone marrow core biopsy

Special Requests: _____

SITE #1: Tissue or Lesion Biopsy

Collection Method: Aspirate Brushing Core Imprint Lavage Scraping Washing Other

Source Sample

- | | | | |
|---|------------------------------------|---|--|
| <input type="checkbox"/> Bone | <input type="checkbox"/> Kidney | <input type="checkbox"/> Mouth | <input type="checkbox"/> Skin (subcutaneous) |
| <input type="checkbox"/> Bone Marrow | <input type="checkbox"/> Liver | <input type="checkbox"/> Nose | <input type="checkbox"/> Tracheal washing |
| <input type="checkbox"/> Bronchoalveolar lavage | <input type="checkbox"/> Lung | <input type="checkbox"/> Prostate | <input type="checkbox"/> Urinary bladder |
| <input type="checkbox"/> Intestine | <input type="checkbox"/> Lymphnode | <input type="checkbox"/> Skin (epidermis/demis) | <input type="checkbox"/> Vagina |

Other Source/Location: _____

History and description of lesion (size & appearance) (mark location above):

Preliminary diagnosis or rule-outs: _____

Was tissue also submitted for histopathologic examination? Yes No

SITE #2: Tissue or Lesion Biopsy

Collection Method: Aspirate Brushing Core Imprint Lavage Scraping Washing Other

Source Sample

- | | | | |
|---|------------------------------------|---|--|
| <input type="checkbox"/> Bone | <input type="checkbox"/> Kidney | <input type="checkbox"/> Mouth | <input type="checkbox"/> Skin (subcutaneous) |
| <input type="checkbox"/> Bone Marrow | <input type="checkbox"/> Liver | <input type="checkbox"/> Nose | <input type="checkbox"/> Tracheal washing |
| <input type="checkbox"/> Bronchoalveolar lavage | <input type="checkbox"/> Lung | <input type="checkbox"/> Prostate | <input type="checkbox"/> Urinary bladder |
| <input type="checkbox"/> Intestine | <input type="checkbox"/> Lymphnode | <input type="checkbox"/> Skin (epidermis/demis) | <input type="checkbox"/> Vagina |

Other Source/Location: _____

History and description of lesion (size & appearance) (mark location above):

Preliminary diagnosis or rule-outs: _____

Was tissue also submitted for histopathologic examination? Yes No

OPENED BY

Courier Record: Courier FedEx Hand Delivered Mail UPS

Coolant Record: Coolant Pack Dry Ice Frozen Warmer None

Sample Condition: Good Broken Leaked Other _____