



Diagnostic Laboratory, Fort Collins, Colorado 80523-1644
Tele: (970) 491-1281, Fax: (970) 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

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

Veterinarian
Clinic
Address
City State ZIP
Phone () Fax ()
E-Mail Address

Owner
Business
Address
City State ZIP
Phone () Fax ()
E-Mail Address

Table with 6 columns: Animal ID, Species, Breed, Sex, Age, List samples, dates collected, and how preserved: (> 3 samples, continue on separate form)

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

REQUESTS:
Diarrhea Screen
Abortion Screen
BACTERIOLOGY:
Aerobic Culture of
Antibiotic Sensitivity
Mycobacterium
Clostridial Fecal Culture
VIROLOGY:
FA/IP/PCR*/Virus Isolation* for:
Chlamydial Detection*
Fecal Virus Exam (EM/ELISA)
Rabies Exam
CLINICAL PATHOLOGY:
Cytology of:
TOXICOLOGY/CHEMISTRY for:
PARASITOLOGY for:
PATHOLOGY:
Necropsy
Histopath
Uterine Biopsy
Histopath Mailers Needed
SEROLOGY:
Abortion Panel
Respiratory Panel
Bovine Equine Porcine Feline Canine
IBR EHV PRV FHV CDV
BVD EVA PRRS FPV CPV
BRSV Flu Flu/ FIP CHV
P13 VSV TGE FIV/FelV Ehrlichia
BLV Lepto-5 PPV FelV Brucella
BT Ehrlichia Brucella Heartworm Heartworm
VSV Brucella Toxoplasmosis Toxoplasmosis
Brucella RMSF
Lepto-5 Lepto-5
Johne's Lyme
Ovine/Caprine OPP BT CAE Brucella
Fungal Panel (Aspergillus, Histoplasma, Blastomyces, Coccidioides)
Cryptococcus
Therapeutic Drug Monitoring Phenobarb Digoxin
Serology Mailers Needed
IMMUNOLOGY:
IgG/IgM/IgA Quantitation Protein Electrophoresis ANA Titer
OTHER:

Results (for lab use only):

Called/Faxed
Date
Postage Charges