

MDH Office  
Use Only

# Companion Animal – Sample Submission Form

PLEASE COMPLETE ALL FIELDS AND PRINT LEGIBLY

**Responsible for payment:**

Referring veterinarian – Authorized by: \_\_\_\_\_ Ph: \_\_\_\_\_

Owner – Payment is required at drop-off (prior to services being rendered)

VMC chart string for billing

VDL Office  
Use Only

### Referring Veterinarian\*

Veterinarian: \_\_\_\_\_

Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### Owner/Producer

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

\* Results will be sent here unless otherwise noted

Email: \_\_\_\_\_

OR

Fax: \_\_\_\_\_

**Payment at drop-off**

Cash       Check

Credit

Payment Rec'd \$ \_\_\_\_\_

Specimen delivered by: \_\_\_\_\_

Date: \_\_\_\_\_

### Patient Information

Animal ID: \_\_\_\_\_

Case/Reference #: \_\_\_\_\_

Species: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_  Day  Wk  Mo  Yr

Sex:  Intact male  Intact Female  Unknown

Neutered male  Spayed female

Date samples collected: \_\_\_\_\_

### Specimen(s) Submitted – Check all that apply

Standard surgical biopsy (in formalin)       Feces

Large, unfixed specimen (e.g. limb, spleen)       Semen

Tissues (not surgical biopsy)       Swab: \_\_\_\_\_

Blood, whole       Feed

Serum       Glass slide

Urine       Paraffin block

Urolith (See 2nd page)\*       Other: \_\_\_\_\_

\* For Urolith Quantitative Mineral Analysis please send sample(s) to the Minnesota Urolith Center ([urolithcenter.org](http://urolithcenter.org)).

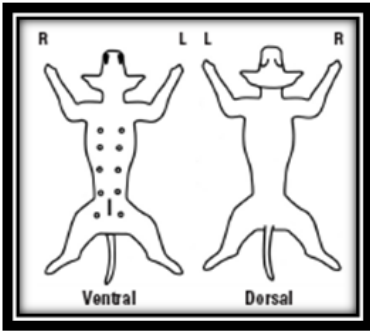
### Narrative History

Provide a concise summary of the clinical history, including: clinical signs, results of associated diagnostic tests, treatment history, and working clinical diagnosis or differential diagnoses.

[Large empty box for Narrative History]

**Note:** The MVDL reserves the right to subcontract any work required to complete testing of any and all submissions. Any subcontracted work will be identified on the laboratory report.

**Surgical Pathology**



Indicate skin lesion site on above drawing

Location: \_\_\_\_\_  
 Size and shape: \_\_\_\_\_  
 Color, texture, and presence of capsule: \_\_\_\_\_  
 Growth pattern (expansile, invasive, pedunculated, etc) \_\_\_\_\_  
 Duration: \_\_\_\_\_ Rate of growth: \_\_\_\_\_  
 Evidence of hemorrhage, necrosis, or suppuration: \_\_\_\_\_  
 History of recurrence: \_\_\_\_\_ Previous case #: \_\_\_\_\_

**Laboratory Procedures Requested** (Please call the VDL or visit the website for the current pricing and listing of all available tests.)

**General Fecal Exam** For a list of tests that are included in the General Fecal Exam by species (canine, feline, equine, etc.), please visit the website at:  
 Canine/Feline: <https://vdl.umn.edu/tests-fees/general-exam-feces-caninefeline>  
 Equine: <https://vdl.umn.edu/tests-fees/general-exam-feces-equine>  
 Non-human Primates: <https://vdl.umn.edu/tests-fees/general-exam-feces-non-human-primates>  
 Zoo/Exotic/Wildlife: <https://vdl.umn.edu/tests-fees/general-exam-feces-zooexoticwildlife>

**Bacteriology/Mycology** List suspected pathogens: \_\_\_\_\_  
 Aerobic culture       Anaerobic culture       Urolith (Culture - includes one Susceptibility)  
 Susceptibility       Fungal culture       \_\_\_\_\_

**Histology\***       Routine H&E       Special stains: \_\_\_\_\_  
 Pathologist consultation (additional fees apply)

\* Microscopic examination of tissue samples (e.g. punch biopsy, excision biopsy, FFPE, etc.)

**Immunohistochemistry**       Marker/agent/antigen: \_\_\_\_\_  
 Pathologist interpretation for requested marker (additional fees apply)

**Parasitology**      List suspected pathogens: \_\_\_\_\_  
 Fecal flotation       Crypto/Giardia IFA       Baermann test  
 Quantitative Fecal Exam (Egg Count)       \_\_\_\_\_

**Serology**       *Borrelia burgdorferi* (IFA)       *Brucella canis* (tube agglut.)  
 Leptospirosis (MAT)       \_\_\_\_\_

**Virology**       Virus isolation - virus name(s): \_\_\_\_\_

**Miscellaneous** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Note:** For supplies, including mailing cartons, contact the lab directly.