

MDH Office
Use Only

VDL Office
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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

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: _____

Specimen delivered by: _____

Date: _____

Payment at drop-off

Cash Check

Credit

Payment Rec'd \$ _____

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 (Culture - includes one Susceptibility)* Other: _____

* For Urolith Quantitative Mineral Analysis please visit urolithcenter.org for instructions

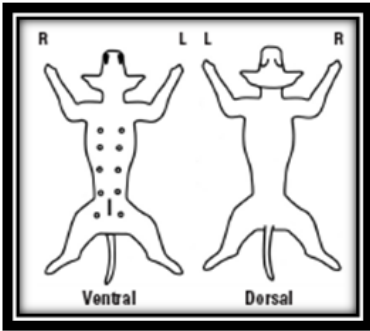
Narrative History

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.

[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.)

<input type="checkbox"/> 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 http://www.vdl.umn.edu/services-fees/feces-general-exam
<input type="checkbox"/> Bacteriology/Mycology	List suspected pathogens: _____ <input type="checkbox"/> Aerobic culture <input type="checkbox"/> Susceptibility <input type="checkbox"/> Anaerobic culture <input type="checkbox"/> Fungal culture <input type="checkbox"/> _____
<input type="checkbox"/> Histology*	<input type="checkbox"/> Routine H&E <input type="checkbox"/> Special stains: _____ <input type="checkbox"/> Pathologist consultation (additional fees apply)
* Microscopic examination of tissue samples (e.g. punch biopsy, excision biopsy, FFPE, etc.)	
<input type="checkbox"/> Immunohistochemistry	<input type="checkbox"/> Marker/agent/antigen: _____ <input type="checkbox"/> Pathologist interpretation for requested marker (additional fees apply)
<input type="checkbox"/> Parasitology	List suspected pathogens: _____ <input type="checkbox"/> Fecal flotation <input type="checkbox"/> Crypto/Giardia IFA <input type="checkbox"/> Baermann test <input type="checkbox"/> Modified Knott's test <input type="checkbox"/> Heartworm antigen (canine) <input type="checkbox"/> Heartworm antibody (feline) <input type="checkbox"/> Parasite ID - source _____
<input type="checkbox"/> Serology	<input type="checkbox"/> <i>Borrelia burgdorferi</i> (IFA) <input type="checkbox"/> <i>Brucella canis</i> (tube agglut.) <input type="checkbox"/> Canine influenza (HI) <input type="checkbox"/> Leptospirosis (MAT) <input type="checkbox"/> _____
<input type="checkbox"/> Virology	<input type="checkbox"/> Virus isolation - virus name(s): _____
<input type="checkbox"/> Miscellaneous	_____ _____ _____

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