

MONTANA VETERINARY DIAGNOSTIC LABORATORY REQUEST FORM SV43

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LABORATORY USE ONLY:

DATE CASE NUMBER

Please Check if Contact Information has Changed Report By: Standard Mail Fax Email Copy to Owner

Submitter Signature: _____ Owner Name: _____

Veterinarian (please print): _____ Owner Address: _____

Clinic: _____ Account #: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Email: _____ Email: _____

Species: Bovine Equine Porcine Ovine Feline Canine Avian Wildlife Other: _____

Animal ID: _____ **Age:** _____ **Sex:** M M/C F F/S **Breed:** _____

Date Collected: _____ **Date Submitted:** _____ **Date Died:** _____ **Previous Case#:** _____

Blood: Whole Clot Serum

Tissues: Fixed Fresh

Urine: Cysto Free Catch

Feces: **Swabs:** **Slides:** **Other:** _____

Quantity: _____ Quantity: _____ Specify: _____

Source: _____

Tissues: _____

History: _____

ROUTINE LABORATORY TESTS • SEE MVDL FEE SCHEDULE FOR COMPLETE LISTING • CHECK ALL THAT APPLY

<p><input type="checkbox"/> ABORTION STUDY Includes Histology, Bacteriology <input type="checkbox"/> Additional Tests: _____</p> <p><input type="checkbox"/> CYTOLOGY Site: _____ <input type="checkbox"/> FNA <input type="checkbox"/> Imprint <input type="checkbox"/> Smear Slides: <input type="checkbox"/> Stained <input type="checkbox"/> Unstained</p> <p><input type="checkbox"/> CSF ANALYSIS SG, Microprotein, Cytospin, Cytology Plus Microprotein Referral Fee</p> <p><input type="checkbox"/> FLUID ANALYSIS Total Cell Count, TP, SG, Cytology</p> <p><input type="checkbox"/> BONE MARROW CYTOLOGY</p> <p><input type="checkbox"/> CYTOLOGY with CULTURE</p> <p><input type="checkbox"/> RABIES <input type="checkbox"/> Human Exposure <input type="checkbox"/> Non-Human Exposure <input type="checkbox"/> Exposure Unknown</p>	<p><input type="checkbox"/> CLIN MICRO / BACTERIOLOGY <input type="checkbox"/> Culture Only <input type="checkbox"/> Culture & Sensitivity <input type="checkbox"/> Dermatophyte & PAS <input type="checkbox"/> Non-Dermatophyte Fungal <input type="checkbox"/> Direct Smear Evaluation <input type="checkbox"/> Fecal Occult Blood <input type="checkbox"/> Tritrichomonas Culture <input type="checkbox"/> Campylobacter Culture <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> MOLECULAR DIAGNOSTICS (PCR) Specify: _____</p> <p><input type="checkbox"/> OTHER TESTS: _____</p> <p><input type="checkbox"/> PARASITOLOGY <input type="checkbox"/> Flotation <input type="checkbox"/> Ectoparasites <input type="checkbox"/> Heartworm ELISA <input type="checkbox"/> Giardia Evaluation <input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> CLINICAL PATHOLOGY Please mark here & specify on reverse</p> <p><input type="checkbox"/> NEONATAL DIARRHEA STUDY Includes Histology, Bacteriology, Serum IgG, Cryptosporidia, Virus ID Age (Required): _____ <input type="checkbox"/> Additional Tests: _____</p> <p><input type="checkbox"/> PATHOLOGY <input type="checkbox"/> Necropsy <input type="checkbox"/> Histopathology</p> <p><input type="checkbox"/> SEROLOGY SMALL ANIMAL <input type="checkbox"/> FeLV <input type="checkbox"/> FeLV & FIV <input type="checkbox"/> FIP <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> VIROLOGY <input type="checkbox"/> Virus Identification</p>
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LABORATORY USE ONLY:

Pathology Rabies Clinical Pathology

Clinical Micro/Bacteriology Virology Cytology

PCR Serology Referral:

MVDL is an accredited AAVLD Laboratory and a member of the USDA National Animal Health Laboratory Network. Completed submission forms or any other means of test service request create a contractual agreement of services with MVDL. All submitted specimens become the property of MVDL. Submitted specimens may be subjected to additional testing as determined by state or federal animal health or foreign animal disease surveillance mandates.

MVDL LABORATORY REQUEST FORM- SV43 CLINICAL PATHOLOGY

Legend: L – EDTA; S – Serum (1 mL minimum); SL – 2 slides; U – Urine (5 -10 mL)

CASE NUMBER:

CLINICAL PROFILES – S, L, SL,U

- SMALL ANIMAL HEALTH SCREEN**
SA Panel, CBC/Differential, UA
- LARGE ANIMAL HEALTH SCREEN**
LA Panel, CBC/Differential, Fibrinogen, UA
- SMALL ANIMAL CLINICAL PROFILE**
SA Panel, CBC/Differential
- LARGE ANIMAL CLINICAL PROFILE**
LA Panel, CBC/Differential, Fibrinogen
- SA PRE-ANESTHETIC PROFILE**
BUN, Cre, ALT, ALP, Glu, TP,
CBC/Differential
- FELINE PROFILE**
SA Panel, CBC/Differential, TT4, FIA,
FeLV, FIV
- EQUINE FITNESS PROFILE**
AST, GGT, T Bili, CK, TP, Alb, Glob, Ca, PO₄,
Na, K, Cl, TCO₂, CBC/Differential, Fibrinogen

ENDOCRINOLOGY – S

- CANINE THYROID PANEL**
cTT4, TSH, FT4, TT3
- THYROID PANEL – Feline**
TT4, FT4, TT3
- CANINE TOTAL T4**
- TOTAL T4 – Feline, Equine**
- CANINE TSH**
- FREE T4 - Canine, Feline**
- TOTAL T3 - Canine, Feline, Equine**
- CORTISOL - Canine, Feline, Equine**
- ACTH STIMULATION**
Cortisol, PRE & POST
Specify: _____ hr post ACTH
- DEXAMETHASONE SUPPRESSION**
Cortisol, PRE & POST
Specify: _____ hr post dose
Specify: _____ hr post dose

BIOCHEMISTRY PANELS – S

- SMALL ANIMAL PANEL**
CK, AST, ALT, ALP, Glu, Chol, TP, Alb, Glob,
Ca, PO₄, BUN, Cre, T Bili, Na, K, Cl, TCO₂
(Amylase – Canine only)
- LARGE ANIMAL PANEL**
CK, AST, GGT, ALP, Glu, TP, Alb, Glob, Ca,
PO₄, BUN, Cre, T Bili, D Bili, Na, K, Cl,
TCO₂, Mg
- SMALL ANIMAL HEPATIC PANEL**
ALT, AST, ALP, GGT, T Bili, D Bili, TP, Alb,
Glob, Chol, BUN, Glu
- SMALL ANIMAL RENAL PANEL**
BUN, Cre, TP, Alb, Glob, Ca, PO₄, Na, K,
Cl, TCO₂
- CANINE ENDOCRINE PANEL**
Ca, PO₄, TP, ALB, ALP, ALT, AST, Chol,
Na, K, Cl, Glu, T4
- FELINE GERIATRIC PANEL**
ALP, ALT, AST, GGT, BUN, Cre, PO₄, TT4
- ELECTROLYTE PANEL**
Na, K, Cl, TCO₂
- EXPANDED ELECTROLYTE PANEL**
Ca, PO₄, Mg, Na, K, Cl, TCO₂

OTHER SERUM CHEMISTRY – S

- PLI - Canine, Feline**
- BILE ACIDS - Canine, Feline, Equine**
- PHENOBARBITAL – Do not use**
serum separator tube
- INDIVIDUAL BIOCHEMICAL TEST**
Specify: _____

HEMATOLOGY – L, SL

- CBC/DIFFERENTIAL**
WBC, RBC, Hgb, Hct, MCV, MCH, MCHC,
Platelets, WBC Differential, Plasma Protein
Parasite screen, (Reticulocyte, if indicated)
- LARGE ANIMAL CBC/DIFFERENTIAL**
CBC, Fibrinogen
- SMALL ANIMAL CBC/WITHOUT DIFFERENTIAL**
- LARGE ANIMAL CBC/WITHOUT DIFFERENTIAL**
- RETICULOCYTE COUNT**
- FELINE ANEMIA PANEL**
CBC/Differential, FeLV, FIV, FIA
- FIBRINOGEN**
- HEMOTROPIC PARASITE SCREEN**

URINALYSIS – U

- URINALYSIS**
Specific Gravity, Dipstick (Glucose,
Bilirubin, Ketones, Blood, pH, Urobilinogen),
Sulfosalicylic Acid Protein, Sediment
Evaluation
- URINALYSIS WITH CULTURE/
SENSITIVITY**

MISCELLANEOUS TESTS

- BLOOD CROSS MATCH – S,L**
(Donor & Recipient)
- CANINE DIRECT COOMBS – L, SL**
- BUFFY COAT EXAM - L**
- INDIVIDUAL COAGULATION TEST-
Citrate Plasma**
 - PT APTT
- IgG - S**
 - Bovine Equine
- NITRATE - Ocular fluid, S**

