

LABORATORY SUBMISSION REQUEST

FOR OFFICE USE ONLY		
Routing:		
<u>In-House Labs:</u>	<u>Date In:</u>	<u>Date Out:</u>
___ Bacteriology	_____	_____
___ Virology	_____	_____
___ Necropsy	_____	_____
___ Clin Path	_____	_____
___ Histopath	_____	_____
___ Pasteurella Lab	_____	_____
<u>Referred to:</u>	<u>Date:</u>	<u>Initials:</u>
WADDL	_____	_____
Toxicol (Holm)	_____	_____
CSU	_____	_____
GeneCheck	_____	_____
ID Bur An Hlth	_____	_____
Other	_____	_____

Case No.: _____

Date Received: _____

Lab #: _____

Number of Histopathology Slides: _____

Date to Pathologist: _____

Name of Pathologist: _____

Owner: _____

Mailing Address: _____

Phone: _____ Fax: _____ Cell: _____

Bill to: Owner ID #: _____ Vet ID #: _____ Research Project: _____

Send Report to: ___ Owner ___ Referring Veterinarian

Referring veterinarian: _____

Mailing Address: _____

Phone: _____ Fax: _____ Cell: _____

Species: _____ Breed: _____ ID #: _____ Sex: _____ Age: _____

Sample(s) submitted: _____

Dead Animal: _____ Post mortem interval: Hrs: _____ Tentative Diagnosis: _____

Work requested:

HISTORY:

FINAL DIAGNOSIS:

House Clinician: _____