

LABORATORY REQUEST SUBMISSION

Case No.: _____
Date Received: _____
Lab #: _____

Owner: _____

Address: _____

Phone: _____ Fax: _____ Cell: _____

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

Referring veterinarian: _____

Address: _____

Phone: _____ Fax: _____ Cell: _____

House Clinician: _____ Staff: _____

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

Dead Animal: _____ Post mortem interval: Hrs: _____ Tissues/other: _____
Work requested: Pathology Bacteriology Parasites Virology CBC Chem Screen

HISTORY:

Tentative Diagnosis:

CASE SUMMARY AND REPORT:

FINAL DIAGNOSIS:

CLINICIAN SIGNATURE: _____

Final Report Sent to: Veterinarian Date _____

Owner Date _____