

If hospital patient, place sticker here:

Date & time of submission:

Patient Name/FS # _____

STAT, DAYTIME N582

STAT, AFTER HOURS N5169

Owner Name _____

Attending Vet _____

Practice/Bill to _____

Species _____ Breed _____ Age _____ Sex _____

New Bolton Center
Clinical Lab Test Request Form
 382 West Street Road
 Kennett Square PA 19348-1692
 Ph: 610-925-6250

Hematology	Glucose tolerance (Grey) N437	Urinalysis
ICO (L) (Instrument count only) N533	GGT (G/R) N469	Complete Urinalysis (U) N370 Collection method: _____
CBC (L) N300/N301	IgG Equine/Camelid(G,L,R) N349	
PCV (L) N313 _____ %	IgG _____ mg/dl	Color: _____
TS (L) N319 _____ gm/dl	IgG Bovine (G,L,R) N538	Specific Gravity: _____
Fibrinogen (B) N304	IgG _____ mg/dl	pH: _____
Fibrinogen _____ mg/dL	Magnesium (G/R) N440	Protein: _____
Serum Amyloid A (G/L/R/B) N348	Phosphorous (G/R) N442	Glucose: _____
SAA _____ ug/ml	Potassium (G/R) N444	Ketones: _____
Platelet Check, Smear (L) N314 _____ x10 ³ /uL	Sodium (G/R) N450	Bilirubin: _____
Platelet Count (B) N315 _____ x10 ³ /uL	TCO2 (G/R) N429	Blood: _____
Slide evaluation N540 (To VHUP)	Total Protein (G/R) N448	<p style="text-align: center;">SEDIMENT</p> WBC _____ /hpf RBC _____ /hpf Bacteria _____ /hpf Sperm _____ /hpf Casts _____ /hpf Epithelial cells: Crystals: Miscellaneous:
Chemistry Panels	Triglycerides (G/R) N453	
Standard Profile (G/R) N518 <i>Na, K, Cl, Co2, Ca, Creat, Phos, Glu, TP, Alb, Tbili, AST, CK, GGT BUN, Mg, Chol, & Trig.</i>	Eye Serum (R) N329	
	Urine Chemistry	
Flex 6 (G/R) N520 <i>Pick 6 individual tests below</i>	Chloride (U) N383	
Flex 4 (G/R) N534 <i>Pick 4 individual tests below</i>	Creatinine (U) N385	
Individual Tests	Potassium (U) N380	
	Sodium (U) N378	
Blood Gas	Full Blood Gas Panel (G) N414 T° _____ °C/°F <input type="checkbox"/> Arterial <input type="checkbox"/> Venous	
ALK Phos (G/R) N463		
Albumin (G/R) N416	Lactate (G) N303	
Ammonia (G) N418	Fecal Egg Count N565 (> 6 gms required) _____ grams submitted _____ epg _____ _____ epg _____ _____ epg _____ _____	
AST (G/R) N460		
Bilirubin (direct) (G/R) N421		
Bilirubin (total) (G/R) N419		
BUN (G/R) N423		
Calcium (G/R) N425		
Ionized Calcium (G) N427		
Chloride (G/R) N430		
Cholesterol (G/R) N432		
CK (G/R) N465 <input type="checkbox"/> Pre/Post		<input type="checkbox"/> Fecal Occult Blood (F) N571
Creatinine (G/R) N433	Negative <input type="checkbox"/>	
Glucose (G/R) N435	Positive in _____ seconds	

Comments:

Test(s) sample requirement codes:

L- Lavender (or purple) top vacutainer (EDTA anticoagulant)

B- Light Blue top vacutainer (Na citrate anticoagulant)

G- Green top vacutainer (heparin anticoagulant)

Gray- Gray top vacutainer (sodium fluoride glycolysis inhibitor)

R- Red top vacutainer (serum)

F- Feces

Syr-Heparinized syringe

Before drawing the blood, please call the lab to make an appointment for Ammonia.

Light blue top vacutainers for coagulation testing must be filled properly for accurate results.

Please label all glucose tolerance, Oral Sugar tests and TRH samples with the time of collection.

Sample Type (from the front) refers to allantoic, CSF, Peritoneal, urine, feces.etc.

Flex Pick 4 refers to a special cost discount on any four chemistry tests. Check the box next to the "Flex Pick 4" (on the front) and check the boxes next to the four chemistry test you would like to order.

If you would like to request a test and don't see it on our form, please contact the lab for availability and sample requirements.

Buffy coat and slide evaluations are performed by the clinical pathologist at VHUP.