

Animal's name _____

Owner's name _____

Referring Vet _____

Practice/Bill to _____

Location of the animal _____

Species _____ Breed _____ Age _____ Sex _____

Clinical Pathology Outside Veterinarian Send Out Test Request Form

**New Bolton Center
Clinical Pathology Lab
382 West Street Road
Kennett Square PA
19348-1692
Phone number 610-925-6250
Fax number 610-925-6805**

Time of Submission

TESTS				PADLS South Dakota	Required Information
<input type="checkbox"/> EPM – WB (CSF, S)	IDEXX		Rota/Corona Virus Fecal EM (F)	PADLS South Dakota	Animals History
<input type="checkbox"/> EPM – SAG 1 (S,CSF)	Antech		Bovine Corona Virus ELISA (F)	PADLS South Dakota	
<input type="checkbox"/> EPM – IFAT WB (S,CSF)	Davis		Rotavirus EM (Bovine) (F)	PADLS	
<input type="checkbox"/> EPM- SAG 2,3,4 (S)	EDS		Coronavirus EM (Bovine) (F)	PADLS	
<input type="checkbox"/> Ehrlichia Equi IFA (Anaplasma) (S)	TVMDL		Muscle Biopsy (contact the lab)	Minn.	Type and source of sample(s) submitted
<input type="checkbox"/> Ehrlichia Risticii PHF PCR (EDTA)	Cornell		Flow Cytometry (EDTA whole blood)	KS.State	
<input type="checkbox"/> Ehrlichia Equi PCR (EDTA whole blood)	Cornell		Platelet/RBC Surface Antibody (EDTA) (*)	KS.State	
<input type="checkbox"/> Potomac Horse Fever (IFA) (S)	Cornell		HYPP (hair with roots)	Davis	
<input type="checkbox"/> Pre – Purchase Drug Screen (40ml hep. whole blood)	Cornell		Eq. Blood Typing/Antibody screen (ACD, S))	Davis	
<input type="checkbox"/> ACTH, Insulin, Cortisol, T ₃ , T ₄ (L) (*)	Cornell		EHV – 1 PCR (EDTA whole blood, nasal swab)	PADLS	
<input type="checkbox"/> ACTH (L)	Cornell		EHV – 1 SN (CSF, S)	Colorado State	
<input type="checkbox"/> Insulin (L)	Cornell		EHV – 3 SN (S)	Colorado State	
<input type="checkbox"/> Cortisol (L,S)	Cornell		EHV – 4 SN (S)	Colorado State	
<input type="checkbox"/> T ₃ (L,S)	Cornell		EHV – 1 – 4 PCR (EDTA whole blood, nasal swab)	Colorado State/EBI	
<input type="checkbox"/> T ₄ (L,S)	Cornell		EHV – 1 SN (S)	Cornell	Send Outs (not found on the form)
<input type="checkbox"/> Lyme Multiplex (S)	Cornell		EHV – 4 SN (S)	Cornell	
<input type="checkbox"/> Lyme PCR (Borrelia Burgdorferi) (Syn, CSF)	Cornell		Rhodococcus Equi. Culture <input type="checkbox"/>	PADLS Cornell Plasvacc	
<input type="checkbox"/> Strep M ELISA (S)	EDS		PCR (TTW) <input type="checkbox"/>		
<input type="checkbox"/> Strep Equi. PCR (EDTA) (Nasal Swab, TTW PADLS)	Cornell PADLS		AGID (S, G) <input type="checkbox"/>	PADLS Cornell	Method of testing (WB, PCR, IFA, etc...)
<input type="checkbox"/> Leptospira MAT (S)	Cornell		BVD virus SN (S) <input type="checkbox"/>		
<input type="checkbox"/> Leptospira FA PCR (L)	PADLS		PCR (EDTA) <input type="checkbox"/>	Cornell	
<input type="checkbox"/> Granulosa Cell Tumor (S)	Davis		CAEV C – Elisa (S)	Cornell	Preferred Reference Lab
<input type="checkbox"/> Stone Analysis (stones)	Herring		Bovine Corona Virus (S)	Univ of Tenn PADLS	
<input type="checkbox"/> West Nile Virus SN (S)	Cornell		Bovine Leukosis Virus ELISA (S) <input type="checkbox"/>	Cornell PADLS	
<input type="checkbox"/> West Nile Virus PCR	PADLS		AGID (S) <input type="checkbox"/>		
<input type="checkbox"/> West Nile Virus IgM Capture ELISA (S)	Cornell		Vesicular Stomatitis Virus SN (S)	Cornell	Fax to:
<input type="checkbox"/> Immune Function Test. 7 10ml green tops, no gel, one red	Cornell		Virus Isolation (TTW, guttural pouch, nasal swabs)	Cornell	Email to:
<input type="checkbox"/> Equine Arteritis Virus SN (S)	Cornell		Virus _____	Cornell	Shipping/Handling Fee (579)
<input type="checkbox"/> Estrone Sulfate (S)	Cornell		Direct Coombs (EDTA)(*)	Antech	
<input type="checkbox"/> Lawsonia Intracellularis PCR (F)	Minn.		TIBC – Iron (S)	Antech	Reference Lab Fee (599)
<input type="checkbox"/> Rotavirus Latex Agg. (Group A) (F)	Cornell		Progesterone (S) Separated within two hours.	Cornell	
<input type="checkbox"/> IPMA (S)	Minn		Testosterone (S)	Cornell	
<input type="checkbox"/> Dexameth suppression, 2 cortisol (R) 595	Cornell				
<input type="checkbox"/> Pituitary PI Dysfunction profile (L,R) 542 Pre- and post ACTH, insulins	Cornell				

Please see the back of this form for instructions

For speedy and accurate processing, please fill out all the required information on the front of this form.

Samples must be in the lab by 2:00 pm. weekdays in order to be processed that same day. Any samples received after 2:00pm will be processed the following day. There is limited Friday afternoon send outs, and no Saturday or Sunday send outs. (This is due to the fact that the reference labs have no one there to receive them).

Results will be sent to the clinical lab from the reference labs; we will forward the results on to the clinicians as soon as we receive them.

(*) These samples must be fresh, drawn and then brought to the lab as soon as possible.

Please indicate the laboratory you wish to send the sample(s) to, by circling the lab to the right of the test.

Test Methodologies:

- WB – Western Blot
- ELISA – Enzyme link immunosorbant assay
- PCR – Polymerase Chain Reaction
- SN – Serum Neutralization
- IFA – Immuno Fluorescent Antibody
- MAT – Micro Agglutination
- AGID – Agar Gel Immunodiffusion
- SAG – Surface Antigen

Send Out Sample Requirements:

- S – Serum, Red Top Vacutainer
- EDTA – Whole Blood/Plasma Purple Top Vacutainer
- G – Heparinized Plasma Green Top Vacutainer
- ACD – Acid Citrate Dextrose Yellow Top Vacutainer
- CSF – Cerebral Spinal Fluid Purple Top Vacutainer Red Top Vacutainer
- Syn. – Synovial Fluid Red Top Vacutainer
- TTW – Trans Tracheal Wash Purple Top Vacutainer Red Top Vacutainer
- F – Feces in cup
- U – Urine in cup