

Animal's name _____

Owner's name _____

Referring Vet _____

Practice/Bill to _____

Location of the animal _____

Species _____ Breed _____ Age _____ Sex _____

**Clinical Pathology Outside
Veterinarian 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**

Date and Time of submission _____

Tech _____

<input checked="" type="checkbox"/> Hematology		<input checked="" type="checkbox"/> Urinalysis
CBC (L) 301	GGT (G) 469	Complete UA 370
ICO (instrument count only) (L) 533	IgG Equine (G,R) 349 IgG _____ mg/dl	Collection method:
PCV (L) 313 _____ %	IgG Camelid (G,R) 349 IgG _____ mg/dl	Color
TP/TS (L) 319 _____ gm/dl	IgG Bovine (G,R) 538 IgG _____ mg/dl	pH
Fibrinogen (B) 304 Fibrinogen _____ mg/dL	IgG Eq Colostrum (C) 349 IgG _____ mg/dl	Protein
Platelet count (L) 315 Na-Citrate (B)	Ionized Ca (G,Syr.) 427 Ca ⁺⁺ _____ mg/dl	Blood
Platelets _____ x10 ³ /ul	Ionized Mg (G,Syr.) 384 Mg ⁺⁺ _____ mg/dl	Specific gravity
Slide evaluation 540	Lactate (G,Syr.) 303 Lactate _____ mmol/L	Ketones
<input checked="" type="checkbox"/> Chemistry/Immunology	Magnesium (G) 440	Bilirubin
Equine profile (G) 519 Na, K, Cl, CO ₂ , Creat, Ca, Phos, Gluc, TP, Alb, Tbili, AST, CK, GGT	Phosphorus (G) 442	Glucose
Bovine profile (G) 338 Na, K, Cl, CO ₂ , Creat, BUN, Ca, Mg, Phos, Gluc, Alb, TP, AST, CK, GGT, Cholesterol	Potassium (G) 444	SEDIMENT
Liver profile (G,R) 531 SDH (R) requires submission ≤3 hours post-collection Alb, SDH, Tbili, Dbili, GGT, Chol, Triglycerides	SDH (R) 480 (see back for instructions)	WBC _____ /hpf
Renal profile (G) 532 Creat, Phos, Na, K, Cl, Ca, TCO ₂	Sodium (G) 450	RBC _____ /hpf
Flex-Pick 4 panel (G) 534	TCO ₂ (G) 429	Bacteria _____ /hpf
<input checked="" type="checkbox"/> Individual Tests	Total protein (G) 448	Sperm _____ /hpf
Alk Phos (G) 463	Triglycerides (G) 453	Casts _____ /lpf
Albumin (G) 416	Spin and save (G,R,L,Gr .B) 329	Epithelial cells:
Ammonia (G) 418 (see back for instructions)	Occult Blood (F) 571 Negative <input type="checkbox"/> Positive in _____ seconds	Crystals:
AST (G) 460	<i>For all other tests, please use the send out form</i>	<input checked="" type="checkbox"/> Fecals (VHUP)
Bilirubin (direct) (G) 419	<input checked="" type="checkbox"/> Therapeutic Drugs	Ova and Parasites (F) 565
Bilirubin (total) (G) 421	Amikacin peak (G) 594	Egg Count (F) 333
Bile acids (R) 536	Amikacin trough (G) 594	Urgent 582 STAT 580 X
BUN (G) 423	Digoxin (G) 513	<input type="checkbox"/> STAT Eq or B <input type="checkbox"/> Profiles 305
Calcium (G) 425	Gentamicin peak (G) 593	Fax to: Office Home
Chloride (G) 430	Gentamicin trough (G) 593	Email to <input type="checkbox"/> <input type="checkbox"/>
Cholesterol (G) 432	Phenobarbital (G) 537	Comments:
CK _{pre} (G) 465	Quinidine (G) 522	
CK _{post} (G) 465	<input checked="" type="checkbox"/> Urine chemistries	
COP (L,G,R) 327	Chloride 383	
COP _____ mmHg	Creatinine 385	
Creatinine (G) 433	GGT 391	
Glucose (G) 435	Potassium 380	
Glucose tolerance (Gray) 437	Sodium 378	

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)

DB – Dark blue for FDP testing tubes can be picked up in the lab

F – Feces in a cup

U – Urine in a cup

C – Colostrum

Syr – Heparinized syringe

Before drawing the blood, please call the lab to make an appointment for **ammonia** and **SDH** testing.

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

Please label all gentamicin, amikacin, and glucose tolerance 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 tests you order. Check the box next to the “Flex Pick 4” (on the front) and check the boxes next to the four chemistry tests 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