

## VETERINARY TEST REQUEST COMPLETION

Personalized Veterinary Test Request forms simplify ordering. The Test Request form must accompany the specimen(s) you submit on each animal. Only one Test Request form is needed for each animal regardless of the number of tests ordered, providing the specimens are collected at the same time. An example of a Veterinary Test Request form is on page 5 of the Specimen Collection/Shipping section of this manual. Please use the key below when completing your form:

1. **Organization and Veterinarian's Name:** If more than one doctor's name appears on the test request, please circle the name of the ordering doctor. If one is not circled, then the name that appears first will be listed as the order doctor.
2. **Owner's Name:** Print the name of the owner, last, first.
3. **Patient's Name:** Print the name or number of the animal.
4. **Date Drawn:** This is mandatory and we ask your full cooperation in providing this information.
5. **Time Drawn:** This is mandatory and we ask your full cooperation in providing this information.
6. **Specify Species:** Please check the species of the animal sample. If not 1, 2, 3 or 4, state under other box.
7. **Age:** Give age of animal, if available.
8. **Test(s) Requested:** Tests are listed in alphabetical order on the test request. Mark the box located between the test code and the test name.
9. **Cytology/Histo-Pathology Section:** When ordering Cytology/Histopathology, please complete all the information in this section. This will ensure the proper handling and reporting format desired. This includes:
  - a. Cytology Source
  - b. Sex
  - c. Spayed
  - d. Tissue source
  - e. History (give brief summary)
  - f. Type of Tissue
  - g. Post Op Diagnosis
  - h. Remarks
10. **Other Tests:** If the desired test is not on the form, print the name under "Other Tests".
11. **Comments:** Write any comments related to this specimen collection (i.e. call results).
12. **Numbered Labels:** Peel off ID# label sticker and place one on each specimen collection container. Six labels are attached to each test request. These numbers are specifically assigned to that test requisition.

Remove the bottom copy (Veterinarian Copy) for your records.

# VETERINARY TEST REQUEST EXAMPLE

<p style="margin: 0;"> <b>VETERINARY SERVICES</b>  <b>REGIONAL MEDICAL LABORATORIES, INC.</b>                  175 College Street, Battle Creek, MI 49017                  PH#: (269) 969-6161 1-800-968-3251 FAX: (269) 969-6078             </p>		AGENCY <b>1</b>					
PLEASE PRINT NAME OF OWNER (LAST) <span style="float: right;">(FIRST)</span>		NAME OR NUMBER OF ANIMAL <b>3</b>					
DATE DRAWN <b>4</b>   <b>1</b>	TIME DRAWN <b>5</b>	1 2	CANINE <b>3</b> FELINE <b>4</b>	EQUINE BOVINE	OTHER <b>6</b>	AGE <b>7</b>	SPECIES

8829	ALT (SGPT)	SST	8819	Glucose	SST	8835	Thyroid Panel (T-3, T-4)	SST
8834	AST (SGOT)	SST	8843	Heartworm Occult	LAV	8893	Tissue, Single Specimen *Complete Section Below*	
8804	Amylase	SST	8877	Hemobartonella, RBC	LAV	8860	Tissue, Multi Specimen *Complete Section Below*	
8849	ANA (Canine/Feline)	SST	8908	8 Bromide		8882	Toxoplasma	SST
8862	Bile Acids, Total	SST	8823	Lipase	SST	8808	Urinalysis	U
8848	Brucella Canis (Qualitative)	SST	8824	Magnesium	SST	<b>Profile Tests</b>		
8807	8 BUN	SST	8844	Parvovirus Antigen	RED	8857	Bile Acids, Panel	SST
8817	Coombs DAT (Canine/Feline)	LAV	8841	Phenobarb	RED	8100	CBC (By species)	LAV
8812	Cortisol, (Resting)	SST	8826	Platelet Count	LAV	8496	Chem Survey (MDG)	SST
8584	FELV Antigen	SST	8827	Potassium	SST	8854	Coagulation Profile (PT, PTT, PLT)	LAV/BLU
8863	FIP Antibody	SST	8847	Protein/Creat Ratio	U	8851	8 Cortisol, w/ ACTH	SST
8899	FTLV Antibodies	SST	8864	Prothrombin Time	BLU	8846	Cortisol, Adrenal Function (Baseline / 2*Dex / 2* ACTH)	SST
<b>Culture Section</b> Don't forget the source			8865	PTT (Partial Thromboplastin Time)	BLU	8859	Kidney Survey (Bun, Creat, Alb, Protein, Na, K, Cl, Calcium, Phos)	SST
8836	Aerobic Culture Source:		8855	Reticulocyte Count	LAV	8884	Presurgical Profile (BUN, Creat, Gluc, Protein, Bill, Alk Phos, SGPT)	SST
8874	Anaerobic Culture Source:		8825	8 Selenium	SST	8890	Vet 1 (CBC & Chem Survey)	LAV/SST
8873	Fungus Culture Source:		8856	Stone Analysis		8850	Vet 2 (CBC, Chem Survey, Lipase, Amylase)	LAV/SST
8837	Sensitivity (Kirby Bauer)		8832	T-4	SST	8839	Vet 3 (Amylase, Lipase)	SST
<b>9 Cytology/Histo-Pathology Section</b>								
8875	<b>Cytology</b> Source: a.	Sex: b.	Spayed: Y C. N	Tissue Source: d.				
*History: e.				Type of Tissue: f.				
*Post Op Diagnosis: g.				Remarks: h.				

OTHER TESTS:

10

COMMENTS:

11

12

LAV=Lavender Top Tube SST=Red Marbled Top Tube BLU=Blue Top Tube RED=Plain Container U=Urine Container

VETE RML FILE COPY

**COMPLETING TEST REQUEST FOR CULTURE SPECIMENS**

In the culture section of the Veterinary test request, check the type of culture requested and indicate the source type by writing it in the area provided.

8899	FTLV Antibodies	SST
<b>Culture Section</b> Don't forget the source		
8836	Aerobic Culture Source:	
8874	Anaerobic Culture Source:	
8873	Fungus Culture Source:	
8837	Sensitivity (Kirby Bauer)	
		9

**COMPLETING TEST REQUEST FOR CYTOLOGY/HISTOLOGY SPECIMENS**

1. **Cytology/Histo-Pathology Section:** Check the box to order a Cytology/Histo-Pathology and complete the following information:

- a. **Source:** Write the source of the specimen.
- b. **Sex:** Write F for female or M for male.
- c. **Spayed:** Circle Y or N.
- d. **Tissue Source:** Write the source of the tissue specimen.
- e. **History:** Write history or presumptive diagnosis.
- f. **Type of Tissue:** Write the type of tissue.
- g. **Post Op Diagnosis:** Write presumptive post op diagnosis.
- h. **Remarks:** Write any other remarks you feel are important in the diagnosis of the specimen.

9		<b>Cytology/Histo-Pathology Section</b>		
8875	<b>Cytology</b> Source: a.	Sex: b.	Spayed: Y N c.	Tissue Source: d.
*History: e.			Type of Tissue: f.	
*Post Op Diagnosis: g.			Remarks: h.	