



Accession # _____

Rec'd _____ Assigned _____

166 Greene Hall
Auburn University
Auburn, AL 36849

CLINICAL PATHOLOGY

Ph: 334-844-4539
Fax: 334-844-2654

OWNER INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
County: _____
ANIMAL NAME/ID _____
Species _____ Breed _____
Sex _____
Age _____ Month _____ Year (check one)

CLINIC INFORMATION

Referring Veterinarian: _____
Clinic Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
LICENSE NO: _____ STATE: _____
Phone: (____) _____ FAX: (____) _____
Email: _____
Fax results: Yes No

Test Requested	Please provide this information
Body Cavity Effusion Color: _____ Specific gravity: _____ TS: _____	Bone Marrow Aspirate Hematocrit: _____ Total WBC: _____ Platelet count or estimate: _____
Tissue Aspiration, Imprint, Scraping, Etc. Location: _____	Blood Smear Hematocrit: _____ Total WBC: _____ Platelet count or estimate: _____
Vaginal Cytology Approximate date of last estrus cycle: _____	Other (BAL, Joint fluid, Etc)

Clinical History:

Your provisional diagnosis:

Date Submitted:

SERVICE(S) REQUESTED

CHEMISTRY
AMYLASE
BILE ACID (SINGLE TEST)
BILE ACIDS (POST)
BILE ACIDS (PRE)
COLLOID OSMOTIC PRESSURE
ELECTROLYTES PANEL
LA CHEM PROFILE
OSMOLALITY, SERUM
SA CHEM PROFILE
TRIGLYCERIDE, SERUM
URIC ACID

HEMATOLOGY
CBC-COMPL BLOOD CNT
LA CBC/FIBRINOGEN
COAGULATION
ANTI-THROMBIN III (AT3)
COAGULATION PROFILE
PT (PRO TIME)
MISCELLANEOUS
B BLOOD TYPING-FELINE
COOMBS TEST

CYTOLOGY
BLD SMEARS + COUNTS
BODY CAVITY FLUID
BONE MARROW + COUNTS
BONE MARROW ASP. EVAL
BRONCHIAL LAVAGE (BAL)
BUFFY COAT SMEAR CYT
CSF ANALYSIS
CYTOLOGY, slides only
SYNOVIAL FL. ANALYSIS
TRACHEAL WASH CYT
URINE
UR. PROT/CREATININE RATIO
URINE ANALYSIS

Submission Fees

CHEMISTRY		HEMATOLOGY		CYTOLOGY	
AMYLASE	\$15.00	CBC-COMPL BLOOD CT	\$20.00	BLD. SMEARS + COUNTS	\$35.00
BILE ACID (SINGLE TEST)	\$25.00	LA CBC/FIBRINOGEN	\$25.00	BODY CAVITY FLUID	\$40.00
BILE ACIDS (POST)	\$20.00			BONE MARROW + COUNTS	\$55.00
BILE ACIDS (PRE)	\$20.00			BONE MARROW ASP. EVAL.	\$45.00
COLLOID OSMOTIC PRESSURE	\$15.00	COAGULATION		BRONCHIAL LAVAGE (BAL)	\$30.00
ELECTROLYTE PANEL	\$15.00	ANTI-THROMBIN III (AT3)	\$15.00	BUFFY COAT SMEAR EVAL	\$30.00
LA CHEM PROFILE	\$45.00	COAGULATION PROFILE	\$80.00	CSF ANALYSIS	\$40.00
OSMOLALITY, SERUM	\$17.50	PT (PRO TIME)	\$15.00	CYTOLOGY (slides only)	\$30.00
SA CHEM PROFILE	\$45.00			SYNOVIAL FLUID ANALYSIS	\$40.00
TRIGLYCERIDE, SERUM	\$13.00			TRACHEAL WASH CYT	\$30.00
URIC ACID	\$15.00	MISCELLANEOUS			
		BLOOD TYPING-FELINE	\$40.00		
		COOMBS TEST	\$25.00	URINE	
			\$20.00	UR. PROTEIN/CREATININE Ratio	\$15.00
				URINE ANALYSIS	\$15.00

- SA CHEM PROFILE includes: ELECTROLYTES, ALB, T.PROT, BUN, CREAT, ALK.PHOS., ALT, AST, T.BILI, GLUCOSE, CALCIUM, PHOSPHORUS, CK, CHOLESTEROL, IRON
- LA CHEM PROFILE includes: ELECTROLYTES, ALB, T.PROT, BUN, CREAT, AST, GGT, SDH, T.BILI, GLUCOSE, CALCIUM, MAGNESIUM, PHOSPHORUS, CK, CHOLESTEROL, IRON
- COAGULATION PROFILE includes: PT, APTT, THROMBIN TIME, FIBRINOGEN, pFDP AND D-DIMER, AT3

Submission Requirements

- Cytology, slides only (aspirates/scrapes/imprints): Air-dried smears.
- Fluid analysis, cytology (body cavity effusions, joints, trach wash, BAL, etc): Ship overnight with cold packs, not frozen.
- CSF: ship overnight in EDTA tube with cold packs, not frozen
- Bone marrow aspirate interpretation: Air-dried smears and current CBC data.
- Blood smears + counts: In EDTA whole blood tube (ship with cold packs overnight), Air-dried smears and current CBC data
- CBC analysis: EDTA whole blood tube, shipped with cold pack overnight.
- Clinical chemistry panel: Serum.
- Urinalysis: Fresh urine (ship with cold packs overnight).
- Individual chemistries: Serum.
- Coagulation profile: Citrated plasma, frozen (ship overnight).