

166 Greene Hall
Auburn University
Auburn, AL 36849

CLINICAL PATHOLOGY

Ph: 334-844-2653
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	Bone Marrow Aspirate
Color: _____ Specific gravity: _____ TS: _____	Hematocrit: _____ Total WBC: _____ Platelet count or estimate: _____
Tissue Aspiration, Imprint, Scraping, Etc.	Blood Smear
Location: _____	Hematocrit: _____ Total WBC: _____ Platelet count or estimate: _____
Vaginal Cytology	Other (BAL, Joint fluid, Etc)
Approximate date of last estrus cycle: _____	
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
IRON/TIBC PANEL, SERUM
LA CHEM PROFILE
LIPASE
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
BLOOD TYPING-FELINE
CANINE KNOTTS TEST
COOMBS TEST
HEARTWORM AG (CITE)
RHEUMATOID FACTOR-K9

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
IRON/TIBC PANEL, SERUM	\$30.00	COAGULATION PROFILE	\$80.00	CSF ANALYSIS	\$40.00
LA CHEM PROFILE	\$45.00	PT (PRO TIME)	\$15.00	CYTOLOGY (slides only)	\$30.00
LIPASE	\$15.00			SYNOVIAL FLUID ANALYSIS	\$40.00
OSMOLALITY, SERUM	\$17.50	MISCELLANEOUS		TRACHEAL WASH CYT	\$30.00
SA CHEM PROFILE	\$45.00	BLOOD TYPING-FELINE	\$40.00		
TRIGLYCERIDE, SERUM	\$13.00	CANINE KNOTTS TEST	\$10.00		
URIC ACID	\$15.00	COOMBS TEST	\$25.00	URINE	
		HEARTWORM AG (CITE)	\$20.00	UR. PROTEIN/CREATININE Ratio	\$15.00
		RHEUMATOID FACTOR-K9	\$40.00	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).

**Please call the clinical pathology lab if you have any questions
(334)844-2653**