CLINICAL PATHOLOGY
DEPARTMENT OF PATHOBIOLOGY
COLLEGE OF VETERINARY MEDICINE

AUBURN UNIVERSITY
COLLEGE OF VETERINARY MEDICINE

OFFICE USE ONLY
Accession # _____
Rec'd _____ Assigned _____

CLINICAL PATHOLOGY

350 Greene Hall Annex
Auburn University
Auburn, AL 36849
Ph: 334-844-2690
Fax: 334-844-2654
clinpathlab@vetmed.auburn.edu

Clinical Pathology Laboratory - Auburn University College of Veterinary Medicine

OWNER/ANIMAL INFORMATION

Owner's Name:_____

Animal's 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: (___) _____

Email: _____

If this is a **STAT** submission, please check here ☐
All STAT submissions will have an additional $25 fee per request. STAT submissions are read same day of delivery to the lab. Results are finalized by end of day. Finalization times may vary depending on the workload of the day. STAT submission cutoff is 3:00 PM, day of delivery to the Clinical Pathology lab.

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 of Sample Collection:

Date Submitted:

SERVICE(S) REQUESTED. (PLEASE CIRCLE EACH TEST REQUESTED)

CHEMISTRY
BILE ACID (SINGLE TEST)
BILE ACIDS (POST)
BILE ACIDS (PRE)
ELECTROLYTES PANEL
LARGE ANIMAL CHEM PROFILE
FOOD ANIMAL CHEM PROFILE
SMALL ANIMAL CHEM PROFILE
TRIGLYCERIDE, SERUM
URINE
UR. PROT/CREATININE RATIO
URINE ANALYSIS

HEMATOLOGY
CBC-COMPL BLOOD CNT
LA CBC/FIBRINOGEN
COAGULATION
ANTI-THROMBIN III (AT3)
COAGULATION PROFILE
PT (PRO TIME)
APTT
IMMUNOLOGY
COOMBS TEST

CYTOLOGY
BLD SMEARS
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

Please see reverse side for Submission Fees and Requirements