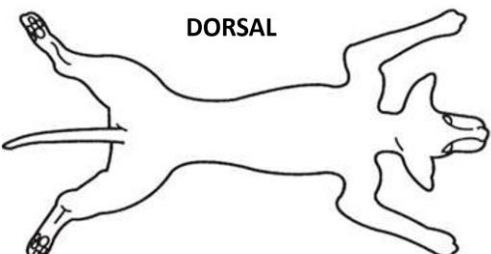
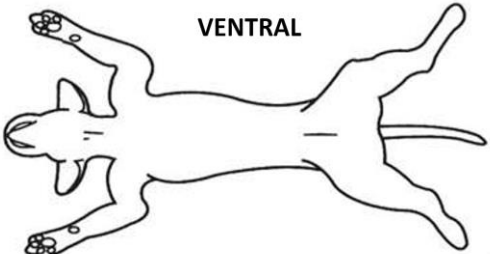


| Client Details |                                                                                                                                                                                                                                                                          |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Clinic:</b> | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"><b>Clinician:</b></div> <div style="width: 45%;"> <b>Collection Date:</b> <div style="float: right; text-align: right;"> <input type="checkbox"/> <b>STAT</b> </div> </div> </div> |

| Patient Details                                                                                                         |                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>Owner's Name: (Last, First)</b>                                                                                      | <b>Animal's Name:</b>                                                                                             |
| <b>Patient ID#:</b>                                                                                                     | <b>Species:</b> <input type="checkbox"/> Canine <input type="checkbox"/> Feline<br><input type="checkbox"/> Other |
| <b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female<br><input type="checkbox"/> Spayed / Neutered | <b>Age:</b> <input type="checkbox"/> Years <input type="checkbox"/> Months<br><b>Breed:</b>                       |

**Special Requests**

| Panels, Profiles, and Chemistry                                                     | Hematology and Coagulation                                                                                                                                                                                                                                                                                                                                                                      | Fecal and Parasitology                                                          |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>7000</b> Feline Adult Wellness Panel                    | <input type="checkbox"/> <b>3005</b> Basic CBC                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> <b>3055</b> Fecal O&P                                  |
| <input type="checkbox"/> <b>7005</b> Feline Senior Wellness Panel                   | <input type="checkbox"/> <b>3000</b> CBC with Reticulocytes                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> <b>3050</b> Fecal O&P with Giardia Ag                  |
| <input type="checkbox"/> <b>7100</b> Canine Adult Wellness Panel                    | <input type="checkbox"/> <b>3010</b> CBC with Pathologist Review                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> <b>680</b> Giardia Antigen                             |
| <input type="checkbox"/> <b>7105</b> Canine Senior Wellness Panel                   | <input type="checkbox"/> <b>340</b> Manual Platelet Count                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> <b>642</b> Modified Knott's Test                       |
| <input type="checkbox"/> <b>7004</b> Feline Senior Profile 2 w/ FeLV/FIV            | <input type="checkbox"/> <b>3020</b> Coagulation Panel (PLT, PT, PTT)                                                                                                                                                                                                                                                                                                                           |                                                                                 |
| <input type="checkbox"/> <b>7106</b> Senior Profile 1 w/ SDMA                       | <input type="checkbox"/> <b>352</b> Fibrinogen                                                                                                                                                                                                                                                                                                                                                  | PCR / Molecular Testing                                                         |
| <input type="checkbox"/> <b>7108</b> Senior Profile 2 w/ SDMA                       | <input type="checkbox"/> <b>354</b> D-Dimer                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> <b>9000</b> Feline Respiratory Infection Panel         |
| <input type="checkbox"/> <b>7305</b> Total Body Function + SDMA                     | <input type="checkbox"/> <b>357</b> Protein C                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> <b>9001</b> Canine Respiratory Infection Panel         |
| <input type="checkbox"/> <b>7200</b> Medication Monitoring Panel                    | <input type="checkbox"/> <b>359</b> von Willebrand Factor                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> <b>9005</b> Feline Diarrhea Panel (O&P + PCR)          |
| <input type="checkbox"/> <b>7205</b> Kidney Monitoring Panel + SDMA                 |                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> <b>9006</b> Canine Diarrhea Panel (O&P + PCR)          |
| <input type="checkbox"/> <b>7800</b> Phenobarbital Panel Plus                       | Endocrinology                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> <b>9007</b> Feline Fever of Unknown Origin Panel       |
| <input type="checkbox"/> <b>7603</b> Hyperthyroid Panel, Basic                      | <input type="checkbox"/> <b>7601</b> Thyroid Panel 1 (T4 and FT4)                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> <b>9008</b> Canine Fever of Unknown Origin Panel       |
| <input type="checkbox"/> <b>7010</b> Hyperthyroid Panel, Comprehensive              | <input type="checkbox"/> <b>7602</b> Thyroid Panel 2 (T4, FT4, and cTSH)                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> <b>9030</b> Ringworm / Dermatophyte PCR Panel          |
| <input type="checkbox"/> <b>7204</b> Total Bile Acids, Pre and Post                 | <input type="checkbox"/> <b>500</b> T4, Total                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> <b>9031</b> Ringworm PCR and Culture                   |
| <input type="checkbox"/> <b>7300</b> Basic Health Profile                           | <input type="checkbox"/> <b>501</b> T4, Free                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> <b>646</b> Heartworm PCR                               |
| <input type="checkbox"/> <b>7400</b> General Health Profile                         | <input type="checkbox"/> <b>552</b> Canine TSH                                                                                                                                                                                                                                                                                                                                                  |                                                                                 |
| <input type="checkbox"/> <b>7500</b> Total Health Profile                           | <input type="checkbox"/> <b>2100</b> ACTH Stimulation (2) (1 pre, 1 post)                                                                                                                                                                                                                                                                                                                       | Urine and Stone Analysis                                                        |
| <input type="checkbox"/> <b>7340</b> GI Panel (TLI, Folate, and Cobalamin)          | <input type="checkbox"/> <b>2104</b> Dex Suppression (3) (1pre, 2 post)                                                                                                                                                                                                                                                                                                                         | <b>Urine Source:</b> [ ]Cysto [ ]Cath [ ]Other                                  |
| <input type="checkbox"/> <b>555</b> Pancreatic Lipase, Feline                       | <input type="checkbox"/> <b>517</b> Cortisol (Baseline/Resting)                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> <b>4000</b> Urinalysis                                 |
| <input type="checkbox"/> <b>556</b> Pancreatic Lipase, Canine                       | <input type="checkbox"/> <b>446</b> Fructosamine                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> <b>4050</b> Urine Protein:Creatinine Ratio             |
|                                                                                     | <input type="checkbox"/> <b>502</b> Progesterone                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> <b>4010</b> Urinalysis with reflex UPC                 |
|                                                                                     | <input type="checkbox"/> <b>506</b> Parathyroid Hormone (PTH)                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> <b>4080</b> Urine Stone Analysis                       |
|                                                                                     | <input type="checkbox"/> <b>551</b> proBNP, Feline                                                                                                                                                                                                                                                                                                                                              |                                                                                 |
|                                                                                     | <input type="checkbox"/> <b>550</b> proBNP, Canine                                                                                                                                                                                                                                                                                                                                              | Microbiology                                                                    |
| Therapeutic Drug Monitoring                                                         | Serology                                                                                                                                                                                                                                                                                                                                                                                        | <b>Source:</b>                                                                  |
| <input type="checkbox"/> <b>436</b> Phenobarbital                                   | <input type="checkbox"/> <b>5049</b> FeLV Ag and FIV Ab                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> <b>6000</b> Aerobic Culture (ID+Sus)                   |
| <input type="checkbox"/> <b>452</b> Bromide                                         | <input type="checkbox"/> <b>5050</b> FeLV Ag, FIV Ab, and Heartworm Ag                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> <b>6005</b> Aerobic + Anaerobic Cultures               |
|                                                                                     | <input type="checkbox"/> <b>5000</b> Canine Vector-borne Disease Panel                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> <b>6030</b> Fungal Culture                             |
|                                                                                     | <input type="checkbox"/> <b>5100</b> Canine Comp. Fungal Serology Panel                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> <b>6045</b> Aerobic + Fungal Cultures                  |
|                                                                                     | <input type="checkbox"/> <b>5101</b> Feline Comp. Fungal Serology Panel                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> <b>6020</b> Urine Culture (ID+Sus)                     |
|                                                                                     | <input type="checkbox"/> <b>651</b> Cryptococcus Antigen by Latex Agglu.                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> <b>6022</b> Urinalysis and Urine Culture (ID+Sus)      |
|                                                                                     | <input type="checkbox"/> <b>643</b> Heartworm Ag ELISA                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> <b>6025</b> Urinalysis with Urine Culture if Indicated |
| Histopathology and Cytopathology                                                    |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |
| Providing source(s) and a clinical history is vital for pathologist interpretation. |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |
| <input type="checkbox"/> <b>8000</b> Standard Cytology                              |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |
| <input type="checkbox"/> <b>8010</b> Priority Cytology                              |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |
| <input type="checkbox"/> <b>8050</b> Cytology - Fluid Analysis                      |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |
| <input type="checkbox"/> <b>8001</b> Histopathology - Simple, 1 site                |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |
| <input type="checkbox"/> <b>8002</b> Histopathology - Simple, 2-5 site              |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |
| <input type="checkbox"/> <b>8011</b> Histopathology - Complex, 1 site               |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |
| <input type="checkbox"/> <b>8012</b> Histopathology, Complex, Multi-site            |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |
| <input type="checkbox"/> <b>8020</b> Dermatopathology Panel                         |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |
| <b>Source(s):</b>                                                                   | <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p><b>DORSAL</b></p> </div> <div style="text-align: center;">  <p><b>VENTRAL</b></p> </div> </div> |                                                                                 |
| <b>Applicable History:</b>                                                          |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |
|                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |
|                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |