

Clinical Laboratory Submission Form

Please fill out form completely

Date _____	Submitter _____
PI: _____	Phone/Fax: _____
Protocol ID: _____	Recharge ID: _____
Species _____	Billable _____

- Research Clinical Quarantine Surveillance

Specimen ID(s): _____

Would you like your samples returned? Yes or No

BIOHAZARD SUBMISSION INFO

Are your samples Hazardous? Yes No Agent: _____
Recombinant DNA: _____
Others: _____

Bacteriology

All culture require specimen source(s): _____

- Aerobic culture - ID Only Check here if sensitivity needed on Aerobic culture
 Aerobic & Anaerobic culture- ID Only-
 Fecal culture Check here if sensitivity needed on Aero. & Anaer.-(sensitivity only available on Aerobic culture)
 Urine culture and MIC
 Other test request (Specify Test) _____

Chemistry

- Chem 21 Panel * (Assays included in Chem 21) Lipid Panel- (CHOL, TRIG, LDL, HDL)
 NHP Panel Custom Panel
 Chem 11 Panel- Please select up to 11 assays below indicate by ❖
- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Albumin*❖ | <input type="checkbox"/> Bilirubin, Total *❖ | <input type="checkbox"/> Creatinine*❖ | <input type="checkbox"/> Magnesium |
| <input type="checkbox"/> Alkaline Phosphatase*❖ | <input type="checkbox"/> BUN*❖ | <input type="checkbox"/> yGT*❖ | <input type="checkbox"/> Sodium, Potassium, Chloride*❖ |
| <input type="checkbox"/> Amylase | <input type="checkbox"/> Calcium*❖ | <input type="checkbox"/> Glucose*❖ | <input type="checkbox"/> Total Protein*❖ |
| <input type="checkbox"/> ALT (GPT)*❖ | <input type="checkbox"/> Cholesterol*❖ | <input type="checkbox"/> Inorganic Phosphorus*❖ | <input type="checkbox"/> Triglycerides❖ |
| <input type="checkbox"/> AST (GOT)*❖ | <input type="checkbox"/> CK (Creatine Kinase)*❖ | <input type="checkbox"/> LDH❖ | <input type="checkbox"/> Uric Acid |
| <input type="checkbox"/> Bilirubin, Direct*❖ | <input type="checkbox"/> CO2 (Bicarbonate)*❖ | <input type="checkbox"/> Lipase❖ | <input type="checkbox"/> Ratios provided only with Chem 21* |
- Other test request (Specify Test) _____

Cytology

- Wright Giemsa Stain Gram Stain Specimen Source (required): _____

Hematology

- CBC/Differential
 Blood smear prep (please select one): Unstained Wright Giemsa Stain
 Other test request (Specify Test) _____

Urinalysis

- Urine Dip Stick Test Other Urine Test Request (Specify Test) _____
 Urine Sediment

DO NOT WRITE IN THIS BOX, INTERNAL USE ONLY

Date Submitted: _____ Date Processed: _____