UPEI
UNIVERSITY of Prince Edward ISLAND

Atlantic Veterinary College
University of Prince Edward Island
550 University Avenue, Charlottetown
Prince Edward Island C1A 4P3

Diagnostic Services
(902) 566-0863 (Laboratories)
(902) 566-0864 (Post Mortem & Histo Results)
(902) 566-0723 (FAX)

SURNAME: FIRST NAME:

PATIENT NAME: SEX: ☐ F ☐ FS ☐ M ☐ MC

SPECIES: BREED:

COLLECTION DATE: DATE OF BIRTH

_____ _____ _____ day month year

_____ _____ _____ day month year

Name of Clinic (with Billing ID: _____):

Pertinent Clinical History or Lab Data:

CLINICIAN:

LAB #:

HEMATOLOGY CHEMISTRY COAGULATION CYTOLOGY ENDOCRINOLOGY THERAPEUTIC DRUG MONITORING

SPECIMEN(S) SUBMITTED (CHECK):
☐ WHOLE BLOOD ☐ SERUM ☐ PLASMA ☐ SLIDE(S) ☐ FECES ☐ URINE ☐ FLUID ☐ OTHER _____

TUBE(S) SUBMITTED:**
☐ RED ☐ LAVENDER ☐ GREEN ☐ GREY ☐ BLUE ☐ OTHER _____

****FOR DETAILED INFORMATION ON THE TYPE OF TUBE REQUIRED, PLEASE REFER TO THE DIAGNOSTIC SERVICES MANUAL****

HEMATOLOGY

☐ Complete Blood Cell Count (CBC)
☐ Cell Counts Only
☐ Cross Match: # of Donors: _____
☐ Blood Typing
☐ Coombs Test
☐ Other - Specify: _____

CHEMISTRY

☐ **901 – Small Animal – Total Body**
Na, K, Cl, Ca, P, Urea, Creat, *Gluc, Chol, Amylase, ALP, CK, AST, T. Bili, ALT, GGT, T. Prot, Albumin, A:G, Lipase

☐ **902 – Large Animal – Total Body**
Na, K, Cl, Ca, P, Mg, Urea, Creat, *Gluc, ALP, CK, AST, T. Bili, GGT, T. Prot, Albumin, A:G, SDH

☐ **904 – Small Animal – Liver**
Urea, *Gluc, Chol, ALP, ALT, T. Bili, D. Bili, GGT, T. Prot, Albumin, A:G, SDH

☐ **905 – Large Animal – Liver**
*Gluc, ALP, AST, T. Bili, D. Bili, GGT, T. Prot, Albumin, A:G, SDH

☐ **906 – Small Animal – Surgical**
Urea, Creat, ALP, ALT, T. Prot, Albumin, A:G

☐ **907 – Large Animal – Surgical**
Urea, Creat, ALP, AST, GGT, CK

☐ **908 – Small Animal – Kidney/Fluid & Electrolyte**
Na, K, Cl, Ca, P, Urea, Creat, *Gluc

☐ **909 – Large Animal – Kidney/Fluid & Electrolyte**
Na, K, Cl, Ca, P, Mg, Urea, Creat, *Gluc

☐ **900 – Feline Senior Wellness**

☐ **910 – Down Cow**
Na, K, Cl, Ca, P, Mg, CK, AST

☐ **913 – Canine Senior Wellness**
Na, K, Cl, Urea, Creat, *Gluc, Calcium ALP, ALT, T. Prot, Albumin,T4

☐ **911 – Avian**
Ca, Creat, *Gluc, AST, CK and Uric Acid

☐ **903 – Large Animal – Neonate**
Creat, *Gluc, GGT, CK, T. Prot, Albumin, A:G

☐ **912 – Aquatic**
Na, K, Cl, Ca, P, Mg, *Gluc, CK, T. Bili, T. Prot, Albumin, A:G, Chol

FECAL CHEMISTRY
☐ Fecal Occult Blood
☐ Other – Specify: _____

URINE CHEMISTRY
☐ Calculi Analysis
☐ Urinalysis ☐ Catheterization ☐ Cystocentesis ☐ Free Flow
☐ Urine Protein/ Urine Creatinine Ratio

SPECIAL CHEMISTRY
☐ Bile Acids: Pre_____ Post_____
☐ Fructosamine
☐ IgG Level (Glut)
☐ Iron _____TIBC _____UIBC
☐ Ketones
☐ Lactate: Pre_____ Post_____
☐ Micro Protein
☐ Osmolality - Serum ____ Urine ____ Freezing Point ____ Calculated ____
☐ Protein Electrophoresis
☐ Triglycerides
☐ Troponin
☐ Uric Acid
☐ Canine SNAP4 (Borrelia, Heartworm, E.canis, Anaplasma)

SINGLE TEST(S)
Specify: _____

* **PLEASE NOTE**: ***Requires a grey stoppered tube if serum is not separated from cells within one hour of collection.***

☐ **OVER**

COAGULATION

☐ Prothrombin Time
☐ Activated Partial Thromboplastin Time
☐ Fibrin Degradation Products
☐ Factor Assay(s) (R)
☐ Other - Specify: _____

CYTOLOGY

☐ Aspirate ☐ Impression ☐ Scraping
☐ Bone Marrow
☐ Transtracheal Wash ☐ BAL
☐ Fluid – Specify: _____
☐ Fresh Tissue – Specify: _____
☐ Other – Specify: _____
_____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Anatomic Location of Mass/ Lesion/ Fluid:

Size and Description of Mass/ Lesion/ Fluid:

How long has Mass/ Lesion/ Fluid been present?

Evidence of Metastasis:

ENDOCRINOLOGY

Sample handling information: Send serum frozen if transit time exceeds 24 hours. Moderate hemolysis and lipemia do not interfere EXCEPT when measuring bovine progesterone (serum should then be rapidly separated from RBCs).

THYROID FUNCTION

☐ T3/ T4 ☐ T4/ TSH (Canine)
☐ T3 ☐ TSH (Canine)
☐ T4

Canine Thyroid Replacement Therapy:
_____ hours Post-pill

REPRODUCTIVE FUNCTION

☐ Progesterone ☐ Estradiol (R)
☐ Testosterone (R) ☐ Estrone Sulfate (R)

PANCREATIC TESTS

☐ PLI*(R) ☐ TLI*(R)
* Special handling – 12 hour fast

OTHER

☐ Specify: _____

(R) – *Referred outside of the laboratory.*

ADRENAL FUNCTION

☐ ACTH Stimulation Product: _____
Amt/kg: _____ Route: _____
_____ Baseline Cortisol Pre-ACTH _____ Hr. Cortisol Post-ACTH

☐ DEX Suppression LOW DOSE (AVC Protocol 0.01mg/kg IV):
Amt/kg: _____ Route:_____
_____ Baseline Cortisol Pre-DEX _____ Hr. Cortisol Post-DEX
_____ Hr. Cortisol Post-DEX

☐ DEX Suppression HIGH DOSE (AVC Protocol 0.1mg/kg IV)
Amt/kg: _____ Route: _____
_____ Baseline Cortisol Pre-DEX _____ Hr. Cortisol Post-DEX

☐ Urine Cortisol/ Urine Creatinine Ratio
☐ Cortisol Only

THERAPEUTIC DRUG MONITORING

DRUG ANALYSIS

☐ Phenobarbital ☐ Potassium Bromide ☐ Digoxin ☐ Phenytoin ☐ Other: _____

REASON FOR REQUEST

☐ Therapeutic Confirmation ☐ Suspected Toxicity ☐ Lack of Therapeutic Response ☐ Other: _____

Pertinent Clinical History or Laboratory Data: (e.g. current seizure activity or suspected adverse effects, concurrent diseases, total duration of therapy)

Dose: _____
Brand Name of Drug: _____ Concentration of Drug: _____
Body Weight (kg/ lbs): _____ Route of Administration: _____
Time of Last Dose: _____ am/pm
Time Sample Collected: _____ am/pm Time Second Sample Collected: _____ am/pm
Length of time animal has been maintained on this dose: _____

Note:

Specimens submitted to the University of Prince Edward Island are owned by the University of Prince Edward Island and will not be returned to the client unless arrangements were made prior to submission. Please refer to our Website at www.upei.ca/avc/diagnosticservices for terms and conditions.