



**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: <input type="radio"/> F <input type="radio"/> FS <input type="radio"/> M <input type="radio"/> MC
SPECIES:	BREED:
COLLECTION DATE:	DATE OF BIRTH
<div>_____ day _____ month _____ year</div> <div>_____ day _____ month _____ year</div>	
Name of Clinic (with Billing ID: _____):	
CLINICIAN:	LAB #:

**Pertinent Clinical History or Lab Data:**

Tentative Diagnosis:

Site of Specimen:

Symptoms & Treatment History:

Is this a resubmission? \_\_\_\_\_ If so, Previous Lab Number: \_\_\_\_\_

**BACTERIOLOGY PARASITOLOGY VIROLOGY\***

**SPECIMEN(S) SUBMITTED (CHECK):**

☐ SWAB ☐ FECES ☐ FLUID ☐ MILK ☐ SKIN ☐ HAIR ☐ WHOLE BLOOD ☐ SERUM ☐ PLASMA

☐ URINE – Please indicate method of collection ☐ Cystocentesis ☐ Catheter ☐ Free Catch

☐ TISSUE(S) – Please Identify: \_\_\_\_\_ ☐ OTHER(S) – Please Identify: \_\_\_\_\_

**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\*\***

**BACTERIOLOGY / MYCOLOGY**

<input type="radio"/> Routine Culture & Sensitivity	<input type="radio"/> Mycology	<input type="radio"/> Mastitis: # of quarters: _____
<input type="radio"/> Anaerobic Culture	<input type="radio"/> FAT – Clostridium chauvoei, novyi,	<input type="radio"/> Canine Brucellosis Screen
<input type="radio"/> Campylobacter Culture	septicum, sordellii	<input type="radio"/> Other: _____

**PARASITOLOGY**

<input type="radio"/> Fecal Flotation	<input type="radio"/> Heartworm Antigen Test	<input type="radio"/> Skin Scraping
<input type="radio"/> Direct Smear	<input type="radio"/> Microfilaria I.D. (Knotts)	<input type="radio"/> Parasite I.D.
<input type="radio"/> Baermann Technique	<input type="radio"/> Toxoplasma Serology	<input type="radio"/> Other
<input type="radio"/> Equine Egg Count	<input type="radio"/> Neospora	<input type="radio"/> Fecal Occult Blood

**VIROLOGY\***

CANINE	FELINE	AVIAN
<input type="radio"/> Canine Distemper <input type="radio"/> SN <input type="radio"/> VI <input type="radio"/> FAT	<input type="radio"/> Feline Calicivirus <input type="radio"/> SN <input type="radio"/> VI <input type="radio"/> FAT <input type="radio"/> RT-PCR	<input type="radio"/> Rotavirus <input type="radio"/> FAT <input type="radio"/> EM
<input type="radio"/> Canine Parvovirus <input type="radio"/> SN <input type="radio"/> FAT <input type="radio"/> PCR <input type="radio"/> ELISA	<input type="radio"/> Feline Herpes Virus (Rhinotrachitis) <input type="radio"/> SN <input type="radio"/> VI <input type="radio"/> FAT <input type="radio"/> PCR	<input type="radio"/> FPL (Parvovirus) <input type="radio"/> FAT <input type="radio"/> EM <input type="radio"/> ELISA
<input type="radio"/> Canine Herpes Virus <input type="radio"/> SN <input type="radio"/> VI <input type="radio"/> FAT	<input type="radio"/> Chlamydia - PCR	<input type="radio"/> Chlamydia - PCR
<input type="radio"/> Canine Coronavirus <input type="radio"/> SN <input type="radio"/> FAT <input type="radio"/> EM	<input type="radio"/> FIP (Coronavirus) <input type="radio"/> FAT <input type="radio"/> RT-PCR <input type="radio"/> IFAT	<input type="radio"/> FLV <input type="radio"/> FLVFIV
<input type="radio"/> Rotavirus <input type="radio"/> FAT <input type="radio"/> EM		<b>OTHER</b> <input type="radio"/> Please Specify:

**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](http://www.upei.ca/avc/diagnosticservices) for terms and conditions.