

COLLECTION DATE / TIME		VETERINARIAN			Serum: <b>SST/RTT</b> Whole Blood: <b>LTT</b> Feces: <b>F</b> Urine: <b>U</b> Citrated Plasma: <b>BTT</b> Microtainer Green Top Tube: <b>M-GNTT</b> Heparinized Capillary Tubes: <b>Hep Cap</b>			
CLINIC NAME		PHONE NUMBER		FAX NUMBER				
OWNER NAME		PATIENT NAME		PATIENT ID				
SPECIES	BREED	AGE	WEIGHT	SEX M F	NEUTERED YES NO	HAS PATIENT HAD TESTING WITHIN 30 DAYS? YES NO IF AVAILABLE INCLUDE LAB NUMBER		
ADDITIONAL COPY TO:			ADDITIONAL EMAILS TO:			ADDITIONAL FAX TO:		

### WVDL General Profiles

**100-Comprehensive Diagnostic Profile**  
**U/A Collection Method:** (Comprehensive panel, CBC, T4 total, U/A) **U**  
 Free  Cath  Cysto  150-Follow-up (w/in 30 days) **LTT**  
**SST/RTT**

**101-Wellness Profile Level 1** **LTT**  
(Comprehensive panel, CBC)  153-Follow-up (w/in 30 days) **SST/RTT**

**102-Wellness Profile Level 2** **LTT**  
(Comprehensive panel, CBC, T4)  154-Follow-up (w/in 30 days) **SST/RTT**

**110-Wellness Profile Level 3** **U**  
(Comprehensive panel, CBCU/A)  155-Follow-up (w/in 30 days) **LTT**  
**SST/RTT**

**104-Pre-op Profile** **LTT**  
(Pre-anesthetic panel & CBC) **SST/RTT**

**108-Large Animal Profile** **LTT**  
(Large Animal panel & Large Animal CBC)  151-Follow-up (w/in 30 days) **SST/RTT**

**109-Avian/Reptile Profile** **M-GNTT or 6 Hep Cap, Slides**  
(Avian/Reptile panel & Avian/Reptile CBC)  152-Follow-up (w/in 30 days)

#### Add to any profile

**1507-add-on Total T4** **SST/RTT**

**1508-add-on Free T4** **SST/RTT**

**1500-add-on Urinalysis** **U/A Collection Method:**  Free  Cath  Cysto **U**

**1501-add-on Ova & Parasites** **F**

**1502-add-on K9 Heartworm Ag** **SST/RTT**

**1503-add-on FeLV Ag (by ELISA)** **SST/RTT**

**1504-add-on FIV** **SST/RTT**

**1505-add-on FeLV/FIV** **SST/RTT**

**1510-add-on Bile Acids, single sample** **SST/RTT**  
(fasted sample advised)

**1511-add-on Fructosamine** **SST/RTT**

**1513-add-on UPC** **U**

### WVDL Chemistry Panels

**200-Comprehensive** (26 parameter panel) **SST/RTT**  
 250-Follow-up (w/in 30 days)

**201-Screening** (19 parameter panel) **SST/RTT**  
 251-Follow-up (w/in 30 days)

**202-Pre-Anesthetic** (12 parameter panel) **SST/RTT**

**203-Electrolytes** (7 parameter panel) **SST/RTT**  
 252-Follow-up (w/in 30 days)

**204-Renal** (15 parameter panel) **SST/RTT**  
 253-Follow-up (w/in 30 days)

**205-Liver** (12 parameter panel, includes pre/post Bile Acid) **SST/RTT**  
 254-Follow-up (w/in 30 days)

**207-Large Animal** (22 parameter panel) **SST/RTT**  
 255-Follow-up (w/in 30 days)

**208-Avian/Reptile** (19 parameter panel) **M-GNTT or 6 Hep Cap**  
 256-Follow-up (w/in 30 days)

**210-Equine Muscle Panel** (5 parameter panel) **SST/RTT**

### History / Comments

**STAT**  (additional \$20.00) \* Send Out Tests

#### Hematology

**301-Small Animal CBC Comprehensive** **LTT**  
 350-Follow-up (w/in 30 days)

**302-Platelet Count** **LTT**

**304-Coombs\*** **LTT**

**311-Large Animal CBC Comprehensive** **LTT**  
(includes fibrinogen by heat precipitation)  
 351-Follow-up (w/in 30 days)

**312-Avian/Reptile CBC Comprehensive** **M-GNTT or 6 Hep Cap, Slides**  
(includes WBC estimate, WBC diff, HCT, Plasma Protein, WBC, RBC & Thrombo morph, Parasite Screen)  
 352-Follow-up (w/in 30 days)

#### Coagulation

**400-PT, aPTT**  Priority (ASAP)  Standard (Within 24hrs) **BTT**

**402-PT** **BTT**

**404-aPTT** **BTT**

#### Urinary

**Collection Method:**  
 Free  Cath  Cysto

**500-Urinalysis, routine** **U**  
 550-Follow-up (w/in 30 days)

**551-Urinalysis, routine with culture if indicated** **U**

**502-Urine Protein/Creatinine Ratio** **U**

**504-Urine Cortisol/Creatinine Ratio** **U**

**505-Urine Stone Analysis\*** **U**

#### Microbiology

**Has the patient received antibiotics within the last week?** Yes  No

**Culture Site/Rx History:**

**600-Urine Culture & Sensitivity<sup>†</sup>** **U**  
 618-Urine Culture & Sensitivity, Follow-up (w/in 4 months)

**Collection Method:**  
 Free  Cath  Cysto

**601-Aerobic Culture & Sensitivity<sup>†</sup>**


**602-Aerobic/Anaerobic Culture & Sensitivity<sup>†</sup>** (anaerobeID only)

**604-Fungal Culture - Dermatophyte Only**

**627-Fungal Culture<sup>†</sup> - Non Dermatophyte** <sup>†</sup>includes 2 MIC's

Infectious Disease Panels	
<input type="checkbox"/> <b>1200-Tick Panel*</b> (Ehrlichia, RMSF, Anaplasma, Lyme) Test substitutions available. See test directory.	SST/RTT
<input type="checkbox"/> <b>1209-Fungal Panel*</b> (coccidioidomycosis, blastomycosis, histoplasmosis)	SST/RTT
Feline Viral Disease	
<input type="checkbox"/> <b>1100-FeLV Ag</b> (by ELISA)	LTT or SST/RTT
<input type="checkbox"/> <b>1101-FeLV Ag</b> (by IFA)*	LTT
<input type="checkbox"/> <b>1102-FIV</b>	LTT or SST/RTT
<input type="checkbox"/> <b>1103-FeLV/FIV</b>	LTT or SST/RTT
<input type="checkbox"/> <b>1104-FeCoV (FIP)*</b>	SST/RTT
<input type="checkbox"/> <b>1108-Triple FeLV/FIV/Heartworm Ag</b>	LTT or SST/RTT
Parasitology/ Serology Testing	
<input type="checkbox"/> <b>1000-K9 Heartworm Ag</b>	SST/RTT
<input type="checkbox"/> <b>1002-Ova &amp; Parasites</b>	F
<input type="checkbox"/> <b>1003-Ova &amp; Parasites w/Giardia</b>	F
<input type="checkbox"/> <b>1012-Ova &amp; Parasites w/Count</b>	F
<input type="checkbox"/> <b>1004-Giardia</b>	F
<input type="checkbox"/> <b>1008-Fecal Occult Blood</b>	F
<input type="checkbox"/> <b>1201-Parvovirus Ag Snap Test</b>	F
Individual Tests	
<input type="checkbox"/> <b>1300- Bile Acids Single Sample</b> (Fasted sample advised)	SST/RTT
<input type="checkbox"/> <b>1301- Bile Acids Pre and Post</b>	SST/RTT
<input type="checkbox"/> <b>1305- Phenobarbital</b> (No SST)	RTT
<input type="checkbox"/> <b>1302- Bromide*</b> (No SST)	RTT
<input type="checkbox"/> <b>1303- BUN/Creatinine</b>	SST/RTT
<input type="checkbox"/> <b>1304- Fructosamine</b>	SST/RTT
<input type="checkbox"/> <b>1306- Progesterone</b> (No SST)	RTT
<input type="checkbox"/> 1310-Progesterone Follow-up (No SST)	
Individual chemistry analytes available for \$14 each	
Supply Request	
<b>Lavender Top Tubes (LTT)</b>	<input type="checkbox"/>
<b>Serum Separator Tubes (SST)</b>	<input type="checkbox"/>
<b>Red Top Tubes (RTT)</b>	<input type="checkbox"/>
<b>Blue Top Tubes (BTT)</b>	<input type="checkbox"/>
<b>Cultures (aerobic and anaerobic)</b>	<input type="checkbox"/>
<b>Biopsy Jars - 40 ml, 90 ml, 8 oz., 16 oz., 32 oz.</b> (Circle)	<input type="checkbox"/>
<b>Slide Holders</b>	<input type="checkbox"/>
<b>Bags</b>	<input type="checkbox"/>
<b>Fecal Containers</b>	<input type="checkbox"/>
<b>Submission Forms (can also be found online)</b>	
<input type="checkbox"/> General	
<input type="checkbox"/> Pathology	
<b>Other:</b>	

GI/Pancreatic	
Panels	
<input type="checkbox"/> <b>900-Cobalamin, Folate*</b>	SST/RTT
<input type="checkbox"/> <b>901-Cobalamin, Folate, TLI*</b>	SST/RTT
<input type="checkbox"/> <b>902-Cobalamin, Folate, PLI*</b>	SST/RTT
<input type="checkbox"/> <b>903-Cobalamin, Folate, TLI, PLI*</b>	SST/RTT
<input type="checkbox"/> <b>904-TLI, PLI*</b>	SST/RTT
Individual Tests	
<input type="checkbox"/> <b>905-TLI*</b>	SST/RTT
<input type="checkbox"/> <b>906-PLI, quantitative (canine or feline)*</b>	SST/RTT
<input type="checkbox"/> <b>910-fPL, Snap test (feline)</b>	SST/RTT
<input type="checkbox"/> <b>911-cPL, Snap test (canine)</b>	SST/RTT
<input type="checkbox"/> <b>907-Cobalamin*</b>	SST/RTT
<input type="checkbox"/> <b>908-Folate*</b>	SST/RTT
Thyroid	
K9 Thyroid Panels	
<input type="checkbox"/> <b>700-Level One</b> (Total T4, Free T4)	SST/RTT
<input type="checkbox"/> <b>701-Level Two</b> (Total T4, TSH*, Free T4)	SST/RTT
<input type="checkbox"/> <b>706-Level Three</b> (Free T4, TSH*)	SST/RTT
Feline Hyperthyroid Recheck Panel	
<input type="checkbox"/> <b>702-Total T4, BUN, Creatinine, CBC</b>	LTT SST/RTT
<input type="checkbox"/> 1500-Add-on Urinalysis	U
Individual Thyroid Tests	
<input type="checkbox"/> <b>703-Total T4</b>	SST/RTT
<input type="checkbox"/> <b>704-Free T4</b>	SST/RTT
<input type="checkbox"/> <b>709-Canine &amp; Feline TSH</b>	SST/RTT
Adrenal	
<input type="checkbox"/> <b>800-ACTH Stimulation</b> (Pre- and Post-Cortisol)	SST/RTT
<input type="checkbox"/> <b>803-Cortisol</b> (baseline)	SST/RTT
Dexamethasone Suppression	
<input type="checkbox"/> <b>801-Pre-cortisol &amp; Post 8-hr. cortisol</b>	SST/RTT
<input type="checkbox"/> <b>802-Pre-cortisol &amp; Post 4 &amp; 8-hr. cortisol</b>	SST/RTT
Other Tests	

<p><b>WESTVET Diagnostic Laboratory</b> 5024 W. Chinden Blvd. Garden City, Idaho 83714</p> <p><b>(208) 375-1600</b> FAX (208) 375-1606 Results available at <a href="http://www.westvet.net">www.westvet.net</a> <a href="mailto:wvdlidaho@gmail.com">wvdlidaho@gmail.com</a></p>	 <p><b>WESTVET</b></p>
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