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For Lab Use:
Accession Label

Office Use: Date Received by Lab:

Fedex UPS US Mail Walkin

Submission Form for Serology and Microbiology

Vet Clinic/Client: _____ Veterinarian: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: () _____ Fax: () _____ County: _____ Email: _____	Date Sample Collected: _____ Reporting Options: check all that apply <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail
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Owner: _____ Address: _____ City: _____ State: _____ Zip: _____	Address where animal(s) kept, if different from owner: Address: _____ City: _____ State: _____ Zip: _____
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Lab No.	Animal Name/Identification No.	Species	Breed	Sex	Age	Type of Specimen Submitted	(FOR LAB USE) Results
1							
2							
3							
4							
5							
6							
7							
8							

Test(s) Requested: Serology <input type="checkbox"/> Lyme ELISA/IFA <input type="checkbox"/> Lyme Western Blot <input type="checkbox"/> Lyme ELISA/IFA- Western Blot Combination <input type="checkbox"/> Anaplasma IFA <input type="checkbox"/> Serology Tick Panel (Lyme ELISA/IFA, Western Blot, Anaplasma IFA) <input type="checkbox"/> Serology, Other _____	Test(s) Requested: Microbiology, Other: _____ <input type="checkbox"/> Aerobic <input type="checkbox"/> Salmonella <input type="checkbox"/> Antibiotic Sensitivity <input type="checkbox"/> Anaerobic <input type="checkbox"/> Fungal <input type="checkbox"/> Parasitology, Fecal Float <input type="checkbox"/> Mycoplasma <input type="checkbox"/> Mycobacteria <input type="checkbox"/> Parasitology, Quantitative <input type="checkbox"/> Parasitology, Giardia/Crypto FA Organism(s) Suspected: _____
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Clinical Diagnosis: _____
 History: (Including vaccination dates/types, Comments, Previous Testing, Treatments) _____

Have samples been submitted to other laboratories for testing: Yes No
Has this animal received antibiotic treatment: No Yes, Specify _____

(For Lab Use) Lab Comments:
 Payment received: \$_____ CC Check (#_____)