Submission Form for Serology and Microbiology

Vet Clinic/Client: ____________________________  Veterinarian: ____________________________  Date Sample Collected: ____________________________
Address: ____________________________  City: ____________________________  Phone: (   )  Fax: (   )
State: ________  Zip: ________  Address: ____________________________  City: ____________________________  Phone: (   )  Fax: (   )
County: ____________________________  Email: ____________________________  County: ____________________________  Email: ____________________________

Owner: ____________________________  Address where animal(s) kept, if different from owner:

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<th>Lab No.</th>
<th>Animal Name/Identification No.</th>
<th>Species</th>
<th>Breed</th>
<th>Sex</th>
<th>Age</th>
<th>Type of Specimen Submitted</th>
<th>(FOR LAB USE) Results</th>
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Test(s) Requested: Serology

- [ ] Lyme ELISA/IFA
- [ ] Lyme Western Blot
- [ ] Lyme ELISA/IFA - Western Blot Combination
- [ ] Anaplasma IFA
- [ ] Serology Tick Panel (Lyme ELISA/IFA, Western Blot, Anaplasma IFA)
- [ ] Serology, Other ____________________________

Test(s) Requested: Microbiology, Other:

- [ ] Aerobic
- [ ] Salmonella
- [ ] Antibiotic Sensitivity
- [ ] Anaerobic
- [ ] Fungal
- [ ] Parasitology, Fecal Float
- [ ] Mycoplasma
- [ ] Mycobacteria
- [ ] Parasitology, Quantitative
- [ ] Parasitology, Giardia/Crypto FA

Organism(s) Suspected: ____________________________

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: ____________________________

ACCDOC016, Version: 1.2  Effective Date: 2/4/14