



MISSISSIPPI STATE UNIVERSITY™
COLLEGE OF VETERINARY MEDICINE

FOR LAB USE ONLY
DO NOT WRITE IN THIS SPACE

Diagnostic Laboratory Services
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OWNER NAME: OWNER ID: DATE/TIME COLLECTED:
ADDRESS: VETERINARIAN:
CITY/STATE/ZIP: CLINIC NAME:
PHONE: EMAIL: ADDRESS:
ANIMAL NAME/ID: SEX: AGE: CITY/STATE/ZIP:
SPECIES: BREED: E-MAIL:
BILL TO: RESEARCH OWNER CLINIC PHONE: FAX:

RESEARCH PROJECT NAME/BANNER ACCOUNT NUMBER:

Table with 8 columns: #, checkmark, SAMPLE TYPE, SITE/ TYPE, IF APPLICABLE, #, checkmark, SAMPLE TYPE, SITE/ TYPE, IF APPLICABLE. Rows include BLOOD, BODY, FLUID, FECES, SLIDE, SWAB, TISSUE, FRESH, TISSUE, FIXED, URINE, OTHER.

INDIVIDUAL ANIMAL PROBLEM HERD PROBLEM
# IN HERD: RAISED ON OWNER'S PREMISES?
FIRST NOTICED SICK: IF PURCHASED, WHEN?
# SICK, EXCLUDING DEAD: RECENT INTRODUCTION TO HERD?
# DEAD: DATE OF INTRODUCTION:

DIED/EUTHANIZED? DATE: TIME:
ZOO NOTIC PATHOGEN SUSPECTED?
RABIES VACCINATION DATE: ADMINISTERED BY:

HISTORY: PLEASE PROVIDE A COMPLETE HISTORY FOR ALL NECROPSY REQUESTS.

CLINICAL SIGNS:

HOUSING/ENVIRONMENT/FEED:

VACCINATIONS:

TREATMENTS:

TENTATIVE/DIFFERENTIAL DIAGNOSIS:

NOTES/COMMENTS:

\*NOTE\*: UNLESS OTHERWISE DIRECTED IN WRITING ON THE BACK, REMAINS OF ANIMALS SUBMITTED FOR NECROPSY ARE DISPOSED OF UPON COMPLETION OF GROSS NECROPSY.

**MOST POPULAR TESTS REQUESTED. FOR A COMPLETE CATALOG OF TESTS MSU-CVM DLS OFFERS PLEASE VISIT  
<https://www.vetmed.msstate.edu/clinics-locations/lab-system/diagnostic-and-aquatic-labs>.**

HEMATOLOGY TESTS		REFERRAL TESTS	
___	<input type="checkbox"/> 0002 CBC, SMALL ANIMAL	___	<input type="checkbox"/> 10418 ANTICOAGULANT SCREEN
___	<input type="checkbox"/> 0011 CBC, LARGE ANIMAL (W/FBG)	___	<input type="checkbox"/> 10166 BRUCELLA, BOVINE
___	<input type="checkbox"/> 0009 CBC W/O DIFFERENTIAL	___	<input type="checkbox"/> 10080 COGGINS, FIRST
___	<input type="checkbox"/> 0013 PLATELET COUNT	___	<input type="checkbox"/> 10292 COGGINS, ADDITIONAL
___	<input type="checkbox"/> 0104 COAGULATION PROFILE	___	<input type="checkbox"/> 10531 GIARDIA/CRYPTO, FA
___	<input type="checkbox"/> 0084 URINALYSIS	___	<input type="checkbox"/> 10288 JOHNE'S (ELISA)
___	<input type="checkbox"/> 0078 FECAL FLOTATION	___	<input type="checkbox"/> 10238 RABIES
___	<input type="checkbox"/> 0082 FECAL FLOTATION (EPG)	___	<input type="checkbox"/> 10534 TICK COMBO PANEL
___	<input type="checkbox"/> 0079 OCCULT BLOOD	___	<input type="checkbox"/> 10510 TICK PANEL, NEOSPOA, TOXOPLASMOSIS
<b>CYTOLOGY</b>		___	<input type="checkbox"/> 10458 TRITRICHOMONAS, PCR
___	<input type="checkbox"/> 5000 CSF ANALYSIS	___	<input type="checkbox"/> 10614 TRITRICHOMONAS, PCR & CULTURE
___	<input type="checkbox"/> 5010 FLUID ANALYSIS	<b>MICROBIOLOGY TESTS</b>	
	SITE: _____	___	<input type="checkbox"/> 1235 AEROBIC C&S (INC. ID & SENS OF UP TO 3 ORGANISMS)
___	<input type="checkbox"/> 5020 SYNOVIAL FLUID ANALYSIS	___	<input type="checkbox"/> 1215 URINE C&S (INC. ID & SENS OF UP TO 2 ORGANISMS)
___	<input type="checkbox"/> 5055 CYTOLOGY	___	<input type="checkbox"/> 1200 AEROBIC CULTURE ONLY (INC. ID OF UP TO 2 ORG)
	SITE: _____	___	<input type="checkbox"/> 1205 ANAEROBIC CULTURE ONLY
___	<input type="checkbox"/> 5066 LYMPHNODE ANALYSIS (1-3 SITES)	___	<input type="checkbox"/> 1230 AEROBIC C&S AND ANAEROBIC CULTURE
___	<input type="checkbox"/> 5067 LYMPHNODE ANALYSIS (ADDITIONAL)	___	<input type="checkbox"/> 1250 MILK CULTURE/SPEC (ID & SENS BILLED INDIVIDUALLY)
___	<input type="checkbox"/> 5070 BLOOD SMEAR ANALYSIS	___	<input type="checkbox"/> 1260 SALMONELLA C & S
<b>CHEMISTRY TESTS</b>		___	<input type="checkbox"/> 1234 RESISTANT PANEL / ORGANISM
___	<input type="checkbox"/> 0043 PROFILE, S A FULL	___	<input type="checkbox"/> 1300 DERMATOPHYTE CULTURE
___	<input type="checkbox"/> 0044 PROFILE, L A FULL	___	<input type="checkbox"/> 1310 FUNGAL CULTURE
___	<input type="checkbox"/> 0142 ACTH STIMULATION, CANINE	<b>OTHER REQUESTED/MICELLANEOUS TESTS (List each separately)</b>	
___	<input type="checkbox"/> 0021 ALT (SGPT)	___	<input type="checkbox"/> _____
___	<input type="checkbox"/> 0353 BILE ACIDS, PRE/POST	___	<input type="checkbox"/> _____
___	<input type="checkbox"/> 0024 BUN	___	<input type="checkbox"/> _____
___	<input type="checkbox"/> 0115 CORTISOL, BASELINE	___	<input type="checkbox"/> _____
___	<input type="checkbox"/> 0140C LOW-DOSE DEX SUPPRESSION	___	<input type="checkbox"/> _____
___	<input type="checkbox"/> 0117 PHENOBARBITAL	___	<input type="checkbox"/> _____
___	<input type="checkbox"/> 0201 NEURO CHEM PANEL	___	<input type="checkbox"/> _____
___	<input type="checkbox"/> 0116 PROGESTERONE	___	<input type="checkbox"/> _____
___	<input type="checkbox"/> 0138C THYROID PANEL (TT4,FREE T4, TSH)	<b>ADDITIONAL INFORMATION:</b>	
___	<input type="checkbox"/> 0118 TOTAL T4		
___	<input type="checkbox"/> 0103 URINE PROTEIN/CREATINE RATIO		
___	<input type="checkbox"/> 0106 URINE TOTAL PROTEIN		
<b>SEROLOGY TESTS</b>			
___	<input type="checkbox"/> 0088 CANINE BRUCELLA		
___	<input type="checkbox"/> 0133 CANINE SNAP PLI		
___	<input type="checkbox"/> 0091 OCCULT HEARTWORM (4Dx)		
<b>PATHOLOGY TESTS</b>			
___	<input type="checkbox"/> 6200 BIOPSY		
___	<input type="checkbox"/> 6220 MARGINS CHECK		
___	<input type="checkbox"/> 6016 NECROPSY, SA		
___	<input type="checkbox"/> 6017 NECROPSY, LA		
___	<input type="checkbox"/> 6020 NECROPSY, SA (LEGAL/INS)		
___	<input type="checkbox"/> 6025 NECROPSY, LA (LEGAL/INS)		
___	<input type="checkbox"/> 6101 CREMATION 1-30 LBS		
___	<input type="checkbox"/> 6102 CREMATION 31-70 LBS		
___	<input type="checkbox"/> 6103 CREMATION >71 LBS		
___	<input type="checkbox"/> 6182 CLAY PAW PRINT		
___	<input type="checkbox"/> INK PAW PRINT		
___	<input type="checkbox"/> 6180 PICTURE URN		
<b>SPECIAL CREMATION REQUESTS:</b>			
<b>URN COLOR:</b>			
<b>ANY BELONGINGS TO RETURN WITH ASHES:</b>			

