



## SMALL ANIMAL CLINICAL REQUISITION FORM

ARP ACCT.: \_\_\_\_\_ HOSPITAL/CLINIC: \_\_\_\_\_ COLLECTION DATE: \_\_\_\_\_

OWNER LAST NAME: \_\_\_\_\_ ANIMAL NAME: \_\_\_\_\_ VETERINARIAN: \_\_\_\_\_

BREED: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER:  M  F  M(N)  F(S) PATIENT ID: \_\_\_\_\_

## SPECIFIC TESTS NOT LISTED BELOW

**KEY:** SST/RTT: SERUM  
LTT: WHOLE BLOOD  
F: FECES  
U: URINE  
BTT: CITRATED PLASMA  
★: TEST NOT PERFORMED IN-HOUSE

CODE	TEST NAME	DESCRIPTION	REQUIREMENTS
<b>TEST PANELS</b>			
<input type="checkbox"/>	<b>1105 Liver Panel</b>	Liver Chem, CBC	1mL serum SST/RTT, 2mL LTT
<input type="checkbox"/>	<b>1100 Liver Panel Plus</b>	Liver Chem, CBC, Bile Acid Pre & Post	1mL serum SST/RTT, 2mL LTT
<input type="checkbox"/>	<b>1110 Renal Panel</b>	Renal Chem, CBC, Urinalysis	2mL serum SST/RTT, 2mL LTT, 3mL U
<input type="checkbox"/>	<b>1113 Pre-Surgical Panel</b>	Pre-Surgical Chem, CBC	2mL serum SST/RTT, 2mL LTT
<input type="checkbox"/>	<b>1115 Pre-Surgical Panel Plus</b>	Pre-Surgical Chem, CBC, PT, PTT	2mL serum SST/RTT, 2mL LTT, 1 full BTT
<input type="checkbox"/>	<b>1135/ 1136 K9/Feline Advanced Diagnostic Panel</b>	Extensive Chem, CBC, T4 (total) Urinalysis	3mL serum SST/RTT, 2mL LTT, 3mL U
<input type="checkbox"/>	<b>1140/ 1141 K9/Feline Healthy Panel</b>	Petite Screen, CBC, Heartworm, O&P, Giardia	2mL serum SST/RTT, 2mL LTT, 5g fresh F
<input type="checkbox"/>	<b>1145/ 1146 K9/Feline Senior Panel</b>	Extensive Chem, CBC, Urinalysis, T4, Free T4	3mL serum SST/RTT, 2mL LTT, 3mL U
<input type="checkbox"/>	<b>1150/ 1151 K9/Feline Overall Body Panel</b>	Extensive Chem, CBC, T4, Heartworm	2mL serum SST/RTT, 2mL LTT
<input type="checkbox"/>	<b>1155 Feline Extensive Panel</b>	Extensive Chem, CBC, Urinalysis, T4, FIV, FeLV	1mL U, 2mL LTT, 3mL U
<input type="checkbox"/>	<b>1160 Diagnostic Panel</b>	Extensive Chem, CBC, Urinalysis	2mL serum SST/RTT, 2mL LTT, 3mL U
<input type="checkbox"/>	<b>1165 Extensive Chem/CBC Panel</b>	Extensive Chem/CBC	2mL serum SST/RTT, 2mL LTT
<input type="checkbox"/>	<b>1170 Petite Chem/CBC Panel</b>	Petite Chem/CBC	2mL serum SST/RTT, 2mL LTT
<input type="checkbox"/>	<b>1180 Recheck Panel Previous Chem &amp;/or CBC</b>	Must be within 14 days & have previous accession number	2mL serum SST/RTT, 2mL LTT

<b>HEMATOLOGY</b>			
<input type="checkbox"/>	<b>1200 CBC</b>	RBC & WBC indices, platelet count, manual leukocyte differential & reflex automated reticulocyte count if HCT% < 30% (dogs) or < 28% (cats)	2mL LTT
<input type="checkbox"/>	<b>1210 Reticulocyte Count</b>	Automated Reticulocyte Count	2mL LTT
<input type="checkbox"/>	<b>1215 CBC with Pathologist Review</b>	Pathologist review of blood smear & CBC	2mL LTT, SL
<input type="checkbox"/>	<b>1220 Platelet Count (Automated)</b>	Automated Platelet Count	2mL LTT

<b>COAGULATION</b>			
<input type="checkbox"/>	<b>1300 PT/PTT</b>		Full BTT
<input type="checkbox"/>	<b>1310 PT</b>		Full BTT
<input type="checkbox"/>	<b>1320 PTT</b>		Full BTT
<input type="checkbox"/>	<b>1340 D dimer</b>		Full BTT
<input type="checkbox"/>	<b>1350 Coagulation Panel</b>		CBC; 2mL LTT, full BTT

<b>URINALYSIS</b>			
<input type="checkbox"/>	<b>1400 Urinalysis</b>	Gross, chemical, specific gravity, microscopic examination. For select clients, all sterily collected urine samples submitted for U/A will include complimentary growth/no growth bacterial culture.	3mL U
<input type="checkbox"/>	<b>1410 Recheck Urinalysis &amp; Sensitivity</b>	Must be within 30 days & have previous accession number	3mL U in sterile container
<input type="checkbox"/>	<b>1420 Urine Protein: Creatinine Ratio</b>		1mL U
<input type="checkbox"/>	<b>1430 Urine Cortisol: Creatinine Ratio</b>		1mL U
<input type="checkbox"/>	<b>1440 Stone/Calculi Analysis *</b>		Dry stone

<b>THYROID</b>			
<input type="checkbox"/>	<b>1500/ 1501 K9/Feline Total T4</b>		1mL serum SST/RTT
<input type="checkbox"/>	<b>1510/ 1511 K9/Feline Free T4</b>		1mL serum SST/RTT
<input type="checkbox"/>	<b>1520/ 1521 K9/Feline TSH</b>		1mL serum SST/RTT
<input type="checkbox"/>	<b>1530/ 1531 K9/Feline Total T4, Free T4</b>	For select clients, complimentary reflex TSH will be added if K9 free T4 is low	2mL serum SST/RTT
<input type="checkbox"/>	<b>1540 K9 Total T4, TSH, Free T4</b>		2mL serum SST/RTT
<input type="checkbox"/>	<b>1550 K9 Free T4 by Equilibrium Dialysis *</b>		1mL serum SST/RTT

<b>ADRENAL</b>			
<input type="checkbox"/>	<b>1600 ACTH Stimulation 1 Pre &amp; 1 Post</b>		1mL serum RTT, per specimen
<input type="checkbox"/>	<b>1610 ACTH Stimulation 1 Pre &amp; 2 Posts</b>		1mL serum RTT, per specimen
<input type="checkbox"/>	<b>1620 Dexamethasone Suppression 1 Pre &amp; 1 Post</b>		1mL serum RTT, per specimen
<input type="checkbox"/>	<b>1630 Dexamethasone Suppression 1 Pre &amp; 2 Posts</b>		1mL serum RTT, per specimen
<input type="checkbox"/>	<b>1640 Cortisol</b>		1mL serum RTT
<input type="checkbox"/>	<b>1650 Metanephrine, Plasma Free *</b>		2mL plasma LTT freeze immediately, ship on dry ice

CODE	TEST NAME	DESCRIPTION	REQUIREMENTS
<b>MICROBIOLOGY</b>			
<input type="checkbox"/>	<b>1700 Urine Culture &amp; Sensitivity</b>		3mL U in sterile container
<input type="checkbox"/>	<input type="checkbox"/> Cysto		
<input type="checkbox"/>	<input type="checkbox"/> Cath		
<input type="checkbox"/>	<input type="checkbox"/> Free Catch		
<input type="checkbox"/>	<b>1710 Recheck Urine Culture &amp; Sensitivity</b>	Must be within 30 days & have previous accession number	3mL U in sterile container
<input type="checkbox"/>	<b>1720 Aerobic Culture &amp; Sensitivity</b>	Site: _____	Tissue, fluid or swab in sterile container
<input type="checkbox"/>	<b>1730 Aerobic/Anaerobic Culture &amp; Sensitivity</b>	Site: _____	Tissue, fluid or swab in sterile container
<input type="checkbox"/>	<b>1740 Fungal Culture - Dermatophyte *</b>	Site: _____	Hair, crust or scraping material in sterile container
<input type="checkbox"/>	<b>1750 Fungal Culture - Non Dermatophyte *</b>	Site: _____	Tissue, fluid or swab in sterile container or culturette
<input type="checkbox"/>	<b>1780 Fecal Culture</b>		3g fresh F

<b>PARASITOLOGY</b>			
<input type="checkbox"/>	<b>1800 K9 Heartworm Antigen</b>		1mL serum SST/RTT
<input type="checkbox"/>	<b>1805 Feline Heartworm Antigen</b>		1mL serum SST/RTT
<input type="checkbox"/>	<b>1810 Ova &amp; Parasites</b>		3g fresh F
<input type="checkbox"/>	<b>1820 Ova &amp; Parasites with Giardia *</b>		3g fresh F
<input type="checkbox"/>	<b>1830 Giardia *</b>		3g fresh F
<input type="checkbox"/>	<b>1860 IDEXX® SNAP® 4Dx®</b>	Heartworm, Lyme, Ehrlichia canis, Ehrlichia ewingii, Anaplasma phagocytophilum & Anaplasma platys	1mL serum SST/RTT

<b>FELINE</b>			
<input type="checkbox"/>	<b>2000 FeLV Antigen</b>		1mL serum SST/RTT
<input type="checkbox"/>	<b>2010 FIV Antigen</b>		1mL serum SST/RTT
<input type="checkbox"/>	<b>2020 FeLV/FIV</b>		1mL serum SST/RTT
<input type="checkbox"/>	<b>2030 FIP</b>		1mL serum SST/RTT

<b>INDIVIDUAL TESTS</b>			
<input type="checkbox"/>	<b>1840 Parvovirus Antigen</b>		3g fresh F
<input type="checkbox"/>	<b>1850 Fecal Occult Blood</b>		3g fresh F
<input type="checkbox"/>	<b>2100 Bile Acid</b>		1mL serum SST/RTT
<input type="checkbox"/>	<b>2110 Bile Acid Pre &amp; Post</b>		1mL serum SST/RTT per specimen
<input type="checkbox"/>	<b>2120 Bromide *</b>		1mL serum SST/RTT from a RTT
<input type="checkbox"/>	<b>2130 Fructosamine *</b>		1mL serum SST/RTT from a RTT
<input type="checkbox"/>	<b>2160 Phenobarbital</b>		1mL serum RTT
<input type="checkbox"/>	<b>2170 Phenobarbital Peak &amp; Trough</b>		1mL serum for each sample RTT
<input type="checkbox"/>	<b>2180 Progesterone</b>		1mL serum RTT
<input type="checkbox"/>	<b>2190 Bun/Creat</b>		1mL serum SST/RTT

<b>PCR TESTS</b>			
<input type="checkbox"/>	<b>2200 K9 Diarrhea Panel *</b>		5g fresh F or gastrointestinal tissue (biopsies)
<input type="checkbox"/>	<b>2210 K9 Abortion Panel *</b>		Fresh placenta, fetal organs; vaginal swab or uterine tissue (biopsy), 2mL EDTA LTT from bitch
<input type="checkbox"/>	<b>2215 K9 Respiratory Panel *</b>		Deep pharyngeal swab & conjunctival swab; submit dry. Keep refrigerated. Alternative sample: fresh respiratory tissues (biopsies)
<input type="checkbox"/>	<b>2220 K9 Anemia Panel *</b>		2mL EDTA LTT
<input type="checkbox"/>	<b>2225 K9 Fever of Unknown Origin Panel *</b>		2mL EDTA LTT
<input type="checkbox"/>	<b>2230 Feline Diarrhea Panel *</b>		5g fresh F or gastrointestinal tissue (biopsies)
<input type="checkbox"/>	<b>2235 Feline Respiratory Panel *</b>		Deep pharyngeal swab & conjunctival swab; submit dry. Keep refrigerated. Alternative sample: fresh respiratory tissues (biopsies)
<input type="checkbox"/>	<b>2240 Feline Anemia Panel *</b>		2mL EDTA LTT
<input type="checkbox"/>	<b>2245 Feline Fever of Unknown Origin Panel *</b>		2mL EDTA LTT