

# Georgia Lab Animal Diagnostic Service

G. L. A. D. S

## Athens Veterinary Diagnostic Laboratory

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<http://www.vet.uga.edu/dlab/>

### Clinical Pathology Form

License Number Required

Do Not Write Above This Space

#### Report To:

Veterinarian: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Fax: \_\_\_\_\_

#### Bill To:

Institution: \_\_\_\_\_

Attn: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

PO# \_\_\_\_\_

Preferred method to receive report Check one:  Email  Fax  Mail

#### Specimen Information

Are you aware of any human health hazards which may be associated with this specimen? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please state nature: \_\_\_\_\_

Comments / Special Instructions / Other Information: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date Shipped: \_\_\_\_\_

# Samples \_\_\_\_\_

Age: \_\_\_\_\_

Species: \_\_\_\_\_

Strain: \_\_\_\_\_

Location: \_\_\_\_\_

PLEASE USE A SEPARATE SUBMISSION FORM FOR EACH SPECIES AND TYPE OF TEST

### Clinical Pathology Request

Sample #	Specimen ID #	Specimen	Profile / Test Request
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			