

ROUTINE ACCESSION SHEET

Veterinary Diagnostic Laboratory

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Date: _____
 Species: _____
 Breed: _____
 Sex: _____ Age: _____
 Name/ID: _____

Clinic Name: _____ Owner/Farm: _____
 DVM & License # _____ Address: _____
 Address: _____ City/State/Zip: _____
 City/State/Zip: _____ County: _____
 Phone: _____ FAX: _____ Phone: _____
 E-Mail: _____ Form completed by: _____ (print)

PLEASE FILL OUT THIS FORM COMPLETELY

TESTS REQUESTED: For complete test list visit vet.uga.edu/dlab Please use next page for history.

PATHOLOGY

- ___ Necropsy
- ___ Necropsy legal
- ___ Mail-in necropsy
- ___ Biopsy Extended
- ___ Biopsy Brief
- ___ Cytology

SEROLOGY & VIROLOGY

- ___ Anaplasmosis (Antibody)
- ___ Bluetongue (Antibody)
- ___ BLV (Antibody)
- ___ Canine Brucellosis (Antibody)
- ___ Livestock Brucellosis (Antibody)
- ___ BVD (Antibody Titer)
- ___ BVD serum/earnotch(Antigen)
- ___ Canine Adenovirus ICH (Antibody Titer)
- ___ Canine Coronavirus (Antigen)
- ___ Canine Distemper Virus (Antibody Titer)
- ___ Canine Parvovirus (Antigen)
- ___ Canine Parvovirus (Antibody Titer)
- ___ Caprine Arthritis Encephalitis (Antibody)
- ___ Caseous Lymphadenitis (Antibody Titer)
- ___ Cryptosporidia & Giardia (Antigen)
- ___ EEE (Antibody Titer)
- ___ EEE (IgM)
- ___ Feline Calici (Antibody Titer)
- ___ Heartworm (Antigen)
- ___ Herpes BHV4, CHV, FHV, EHV (Antibody Titer)
- ___ IBR (Antibody Titer)
- ___ Johne's (Antibody)
- ___ Leptospirosis (MAT)
- ___ Neospora caninum (Antibody)
- ___ Porcine Parvovirus (Antibody Titer)
- ___ PI3 (Antibody Titer)
- ___ PRRS (Antibody)
- ___ Pseudorabies (Antibody)
- ___ RSV (Antibody Titer)
- ___ Rotavirus (Antigen)
- ___ WEV (Antibody Titer)
- ___ WNV (Antibody Titer)
- ___ WNV (IgM)
- ___ Virus Isolation

FA Request

SEROLOGY PANELS (SERUM)

- (visit website for complete description)
- ___ Bovine Abortion (BRUC. FORM)
 - ___ Equine Vaccine Titer
 - ___ Equine Disease (ENCEPHALITIS)
 - ___ Canine Vaccine Titer (1 OR 2)
 - ___ Small Ruminant Abortion (BRUC. FORM)
 - ___ Small Ruminant Health (BRUC. FORM)
 - ___ Small Ruminant Respiratory
- Additional Test(s) List Below

BACTERIOLOGY

- ___ Aerobic Culture and Susceptibility
- ___ Anaerobic Culture
- ___ Blackleg FA
- ___ C. perfringens. Culture
- ___ Fungal/Yeast Culture
- ___ Enteric Culture Panel
- ___ Johne's Culture
- ___ Listeria Culture
- ___ Mycoplasma
- ___ Salmonella Culture
- ___ Trichomonas Culture

PCR

- ___ Anaplasmosis
- ___ Bluetongue/EHD
- ___ BVD ___ Johne's
- ___ IBR ___ BHV4
- ___ Listeriosis ___ Trich
- ___ Neospora caninum
- ___ CDV ___ Canine Parvo
- ___ FIP ___ Calici
- ___ FHV(Rhino) ___ Panleuk
- ___ EHV1 ___ Strangles
- ___ Chlamydia spp
- ___ COVID-19 (SARS-CoV-2)
- ___ Influenza Type A
- ___ Lepto ___ Mycoplasma
- ___ Salmonella spp
- ___ Toxoplasma gondii
- ___ RHDV2 ___ WNV
- ___ Other PCR

PCR PANELS

- (Visit Website)**
- ___ Abortion Panel
 - ___ Bov/Small Ruminant
 - ___ Amphibian Panel
 - ___ Bovine Pinkeye Panel
 - ___ Diarrhea Panel
 - ___ (Bov, Calf, Small Rum. Canine, Feline, Equine)
 - ___ Respiratory Panel
 - ___ (Equine, Bovine, Turtle)
 - ___ Feline Respiratory or Ocular Panel
 - ___ Next Gen Sequencing

CLINICAL PATHOLOGY

- ___ CBC/ Diff (EDTA, 2 blood slides)
- ___ CBC Only
- ___ Manual DIFF Only
- ___ Reticulocyte Count
- ___ Coombs (EDTA) *CALL LAB*
- ___ Blood Parasites (2 blood slides)
- ___ Chemistry Profile (1 ml serum)
- ___ Can/Feline Wellness Panel
- ___ Electrolyte Panel (Sm/Lg)
- ___ Ser. Pancr. Panel (Chem+Amy, Lip)
- ___ Serum Pancreatic Screen (Amy,Lip)
- ___ Trypsin (Fecal sample)
- ___ Phenobarbital
- ___ Bile Acids
- ___ Fructosamine
- ___ T₄ ___ Free T₄
- ___ T₃ ___ Free T₃ ___ TSH
- ___ Progesterone
- ___ Cortisol (Baseline)
- ___ ACTH Stim
- ___ (Intervals _____)
- ___ LO/HI Dose Dex
- ___ (Intervals _____)
- ___ Urinalysis ___ Microscopic
- ___ Urine Cortisol/Creatinine
- ___ Urine Protein
- ___ Urine Protein/Creatinine
- ___ Urine Electrolytes
- ___ Urine Magnesium
- ___ Urine Calcium
- ___ BioPryn Flex Pregnancy Test
- ___ (Bovine, Goat, Sheep, Deer, Bison/Buffalo)
- ___ Fluid Analysis

PARASITOLOGY

- ___ Routine Fecal Float
- ___ McMaster's Egg Count
- ___ Occult Blood

RABIES EXAMINATION

- ___ Human Exposure
- ___ Animal Exposure
- ___ No Exposure

TOXICOLOGY

- ___ Aflatoxin (Hay only)
- ___ Nitrate: Ocular, Serum, H₂O
- ___ Out of lab toxicology
- ___ *CALL LAB*

Other Test:
Please specify

FOR LAB USE ONLY

Spec.Rec'd: _____

 Nec _____
 His _____
 Bac _____
 Vir _____
 Ser _____
 CP _____
 Par _____
 Tox _____
 Mol Biol _____
 Rabies _____

PLEASE FILL OUT THIS FORM COMPLETELY

HISTORY: Date & Time of Death _____ Herd Size _____ Affected _____ Dead _____

Manner of Death (check one): ___ Spontaneous ___ Euthanasia

Cremation: ___ (we only perform communal cremation) Call lab for other options.

Has previous material(s) been submitted for this problem? Date _____ Case/Accession # _____

Duration of illness (this animal) _____

Date of onset of herd problem _____

(For all submitted samples)

Vaccination/Worming/nutritional information: _____

History: _____

_____ (over)

Differential Diagnosis: _____

Specimen Submitted _____

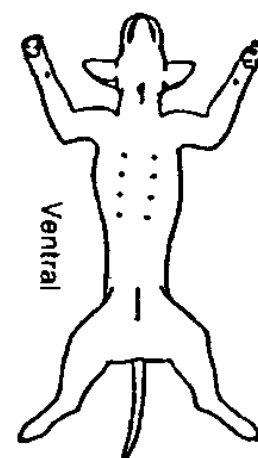
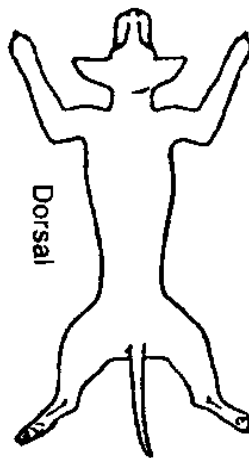
Is it a smear? _____ Aspirate? _____ Wash? _____

Neoplasm Size: (a) _____ x _____ x _____ cm

(b) _____ x _____ x _____ cm

(c) _____ x _____ x _____ cm

(d) _____ x _____ x _____ cm



Tissues involved _____

Entire lesion submitted. Yes ___ No ___ Evidence of metastasis? Yes ___ No ___

Margin evaluation? Yes ___ No ___ Duration/ Rate of growth: _____

Gross Appearance _____