

2024-2
LAB USE
ONLY

EXOTIC/ZOO/MISC.

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**Athens Veterinary
Diagnostic Laboratory**
College of Veterinary Medicine
UNIVERSITY OF GEORGIA

Vet License # _____

CLINIC

Veterinarian _____
Address _____
City _____ State ____ Zip _____
Phone _____ Email results to _____

OWNER

Address _____
City _____ State ____ Zip _____
County _____

Animal ID	Species	Breed	Sex	Age/DOB	Date Sampled	Deceased?
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SPECIMENS SUBMITTED. Clearly label individual sites or sample times for multiple specimens.

- ☐ **Serum** ☐ **Whole blood** ☐ RTT ☐ WTT ☐ SST ☐ EDTA ☐ Hep ☐ **Fresh tissue (site):** _____
☐ **Feces** ☐ **Fluid (source):** _____ ☐ **Fixed tissue (site):** _____
 ☐ **Swab (source):** _____ ☐ **Slides (site):** _____
☐ **Urine:** ☐ cystocentesis ☐ catheter ☐ void ☐ **Other:** _____

CLINICAL HISTORY / LESION DESCRIPTIONS / TREATMENT:

Please note if previous material has been submitted for this issue. Please note if this is a herd issue.

DIFFERENTIALS:

CLINICAL PATHOLOGY

- ☐ CBC with fibrinogen*
*Submit w/ 2 unstained blood smears
☐ Fibrinogen
☐ Chemistry Profile
☐ Liver Profile
☐ Urinalysis

PARASITOLOGY

- ☐ McMaster's EPG
☐ Coproculture
☐ Routine Fecal Float
☐ Intact Parasite ID
☐ Baermann
Lungworm

MICROBIOLOGY (Cultures)

- ☐ Aerobic* ☐ Fungal
☐ Anaerobic ☐ Dermatophyte
☐ Urine* ☐ Mycobacteria
☐ Ophthalmic

Antibiotics used in the last month?

Date of last dose: ____ / ____ / ____ **Pool Multiples?** Y ☐ N ☐

Organism(s)

suspected: _____
*Includes susceptibility (MIC) when appropriate

Visit portal.vet.uga.edu/catalog for current tests, prices, and sample requirements

BIOPSY

- | | |
|---|--|
| <input type="checkbox"/> Biopsy Routine | <input type="checkbox"/> Yes <input type="checkbox"/> No Entire Lesion Submitted |
| <input type="checkbox"/> Biopsy Extended | <input type="checkbox"/> Yes <input type="checkbox"/> No Evidence of Metastasis |
| <input type="checkbox"/> Dermopath Routine | |
| <input type="checkbox"/> Dermopath Extended | Please differentiate between masses when submitting |

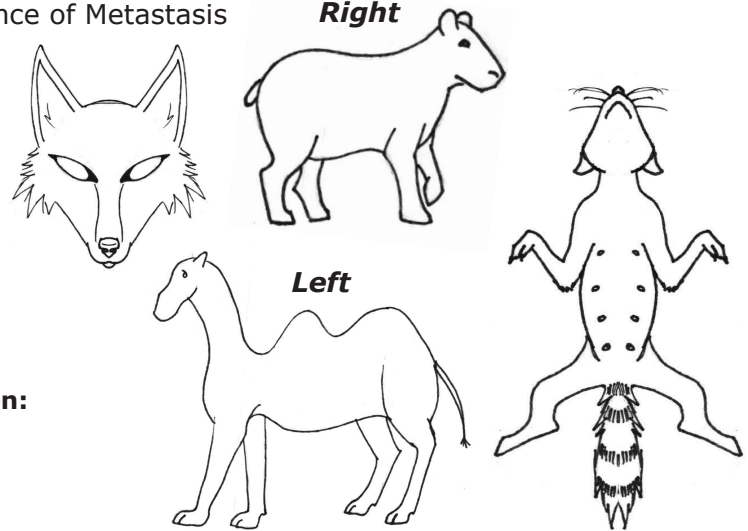
CYTOLOGY

- | | | |
|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> FNA | <input type="checkbox"/> Aspirate | <input type="checkbox"/> Impression |
| <input type="checkbox"/> Fluid Analysis (site): _____ | | |
| <input type="checkbox"/> TTW/BAL | <input type="checkbox"/> Discharge | |
| <input type="checkbox"/> Bone Marrow* | <input type="checkbox"/> CSF Analysis | |
- *Requires concurrent CBC

Mass/Lesion size, location, appearance, duration:

(USE NECROPSY FORM FOR ALL NECROPSIES)

LESION LOCATION



MOLECULAR (PCR)

- ☐ *Francisella tularensis* PCR
- ☐ Small Rodent Diarrhea Panel
- ☐ Ferret Diarrhea Panel
- ☐ Pocket Pet Diarrhea Panel
- ☐ Primate Fecal Panel ☐ 1 ☐ 2
- ☐ Pan-Fungal PCR
- ☐ Influenza A PCR
- ☐ *Leptospira* PCR
- ☐ *Toxoplasma* PCR
- ☐ West Nile Virus PCR
- ☐ *Brucella* spp. PCR
- ☐ Canine Distemper Virus PCR

SEROLOGY (Antibody Test)

- ☐ Fungal Panel A
- ☐ Fungal Panel B
- ☐ *Cryptococcus* Latex Agglutin.
- ☐ *Brucella abortus* or *suis**
- ☐ *Federal form is required
- ☐ *Encephalitozoon cuniculi* IFA
- ☐ Canine Titer Panel 1
- ☐ Canine Titer Panel 2
- ☐ Leptospirosis MAT

VIROLOGY (Antigen Test)

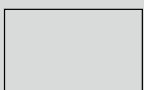
- ☐ Rabies FA
- ☐ Rabies FA - Human Exposure*
- ☐ *SENDS number required # _____
- ☐ *Leptospira* FA
- ☐ *Listeria* FA
- ☐ Canine Distemper Virus FA
- ☐ *Chlamydomphila* FA
- ☐ Crypto/Giardia ELISA*
- ☐ *Liquid Feces only

OTHER TESTS NOT LISTED: _____

Submission of specimens for testing by the University of Georgia (UGA) Veterinary Diagnostic Laboratories constitutes a contract for delivery of test results and associated interpretations to the submitter pursuant to which the submitted specimens, as well as products, isolates, and data derived from them, become the property of UGA. UGA may return submitted specimens to the submitter if prior arrangements are made with the laboratory. In the case of carcasses submitted for necropsy, remains will only be released to registered pet cremation services. By submitting diagnostic specimens, submitters agree to the laboratory's testing procedures and policies, including billing. If tests not offered or temporarily out of service are requested, specimens may be referred to another reputable laboratory and a shipping fee and test charges from the referral laboratory will be added to the submitter's bill.

FOR OFFICE USE ONLY

Opened by:



Coolant

- ☐ Ice Pack ☐ Dry Ice ☐ None

Condition

- ☐ Good ☐ Broken ☐ Leaked ☐ Other _____

Arrival

- ☐ Courier ☐ FedEx ☐ UPS ☐ Mail ☐ Drop off

Temperature

- ☐ Frozen ☐ Cold ☐ Room