



VETERINARY TEACHING HOSPITAL CLINICAL LABORATORIES

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 College of Veterinary Medicine, The Ohio State University
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LABORATORY SPECIMEN SUBMISSION FORM FOR RDVM

IMPORTANT: Please contact Jana Fletcher, Laboratory Supervisor to discuss sample submission and fees PRIOR to sample submission
TEL: 614-292-7951 or email: fletcher.51@osu.edu

Billing information

Referring Hospital/Laboratory Name and Mailing address:

Referring veterinarian or other contact person:
TEL: () FAX: () email:
FAX number for results:

Patient information

Owner's Name: _____ **Species:** _____
Animal's Name/ID: _____ **Breed:** _____
Sex (check one): M MN F FS **Age:** _____
Specimen Type (check one):
 Whole Blood, EDTA Whole Blood, Heparin
 Serum Urine
 Tissue aspirate/smear Other, specify: _____

Date Collected: _____
History/Provisional Diagnosis: _____

Test(s) Requested

Complete Blood Count
 Biochemical Profile, Complete Panel
 Biochemical Profile, Renal Panel
 Biochemical Profile, Liver Panel
 Biochemical Profile, Individual tests (Please specify tests):

 Cytology (Specify site and type of sample):

 Urinalysis
 Other (Please specify): _____