

FLORIDA VET PATH, INC.

506 N. West St., Bushnell, FL 33513

Local: 352-568-7923 • Toll Free: 888-669-9693 • Fax: 352-569-9292

LABORATORY REQUEST FORM

LAB USE ONLY

Clinic or Laboratory Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

VETERINARIAN _____

SPECIMEN: Collection Date: _____ Time: _____

TYPE / # _____ SLIDES _____ FLUID _____

FORMALIN _____

OTHER _____

OWNER NAME (LAST) _____

(FIRST) _____

PATIENT NAME _____

SPECIES _____

AGE _____

SEX _____

BREED _____

CLINICAL HISTORY

LOCATION



DORSAL

VENTRAL

_____ HEMATOLOGY

_____ CYTOLOGY, SOURCE _____

_____ CYTO/FLUID ANAL, SOURCE _____

_____ HISTOLOGY, SOURCE _____

NUMBER TISSUES _____

_____ SEBACEOUS ADENITIS FVP CHECK

OFA CHECK

REFERRAL TESTS

_____ CULTURE & SENSITIVITY

SOURCE _____

_____ T3

_____ T4

_____ T4, TSH-K9

_____ FREE T4, ED

_____ T4, FREE T4 ED

_____ BILE ACID # _____

_____ CORTISOL # _____

_____ PROGESTERONE

_____ STONE ANALYSIS

_____ OTHER

DATE: _____

NAME: _____

TESTS ORDERED: _____

HOW TRANSPORTED: _____

**CUT OFF THIS PORTION AND
KEEP FOR YOUR RECORDS.**