

CITYU VDL SAMPLE SUBMISSION FORM



CityU Veterinary Diagnostic Laboratory
Y1710, Yeung Kin Man Academic Building
City University of Hong Kong
83 Tat Chee Avenue, Kowloon, Hong Kong
Phone: 3442-4849 Fax: 3442-0819
Web: <https://www.cityuvdl.com.hk>
Email: info@cityuvdl.com.hk

Veterinarian:	Owner Name:
Clinic:	Animal Name:
	Species:
Email:	Breed:
Phone:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Desexed
Date Sample Collected: / /	DOB (DDMMYY):
Time Sample Collected: : AM PM	Client Reference #:
Previous CVDL Case #:	Microchip #:

CLINICAL HISTORY (Clinical signs and any recent therapy. Describe lesions and lesion distribution)

Describe clinical signs and any recent therapy here.	
Sample Sites Collected:	
Differential Diagnosis:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Total No. of Samples →	Blood: <input type="checkbox"/> EDTA <input type="checkbox"/> Clotted <input type="checkbox"/> Serum <input type="checkbox"/> Heparin <input type="checkbox"/> Plasma EDTA <input type="checkbox"/> Plasma Heparin <input type="checkbox"/> Citrate Urine: <input type="checkbox"/> Catheter <input type="checkbox"/> Cysto <input type="checkbox"/> Void <input type="checkbox"/> Swab <input type="checkbox"/> Faeces <input type="checkbox"/> Fluid <input type="checkbox"/> Slides	Tissue: <input type="checkbox"/> Fixed <input type="checkbox"/> Fresh <input type="checkbox"/> Hair <input type="checkbox"/> OTHER
-------------------------------	---	--

TESTS REQUESTED (✓) Refer to the Services and Price List for a comprehensive list of tests or contact Specimen Accessioning at 3442-4849

Clinical Pathology Panels	Cytology	Endocrinology	PCR Panels
<input type="checkbox"/> Biochemistry Panel <input type="checkbox"/> Thyroid Panel <input type="checkbox"/> CBC (Blood Smear) <input type="checkbox"/> CBC (Birds & Reptiles) <input type="checkbox"/> Coagulation Panel (PT and PTT) <input type="checkbox"/> Coagulation Panel and Fibrinogen <input type="checkbox"/> Coagulation Profile (PT, PTT, & CBC) <input type="checkbox"/> Complete Blood Panel <input type="checkbox"/> Electrolyte Panel <input type="checkbox"/> Canine GIT Panel (Cobalamin, Folate and TLI) <input type="checkbox"/> Liver Panel <input type="checkbox"/> NSAID Panel <input type="checkbox"/> Pre-anesthesia Panel <input type="checkbox"/> Renal Panel <input type="checkbox"/> Total Protein Panel	<input type="checkbox"/> Bone Marrow Cytology & CBC <input type="checkbox"/> Cytology (1 site): _____ <input type="checkbox"/> Cytology (2 or more sites) Total no. of sites: _____ Fluid Analysis <input type="checkbox"/> Abdominal <input type="checkbox"/> CSF <input type="checkbox"/> Lumbar <input type="checkbox"/> CMC/AO <input type="checkbox"/> Joint <input type="checkbox"/> Pericardial <input type="checkbox"/> Thoracic <input type="checkbox"/> Add-on Creatinine <input type="checkbox"/> Add-on Cholesterol & Triglyceride Clinical Pathology <input type="checkbox"/> Analyte: _____ <input type="checkbox"/> Bile Acid (Fasting/Random) <input type="checkbox"/> Bile Acid (Post-Prandial) <input type="checkbox"/> Canine Coombs Test <input type="checkbox"/> Canine TLI <input type="checkbox"/> Cobalamin <input type="checkbox"/> Feline TLI <input type="checkbox"/> Folate <input type="checkbox"/> Ionized Calcium <input type="checkbox"/> Modified Knott's Test <input type="checkbox"/> Serum Electrophoresis <input type="checkbox"/> Quantitative <input type="checkbox"/> cPLI <input type="checkbox"/> fPLI Therapeutic <input type="checkbox"/> Cyclosporine <input type="checkbox"/> Levetiracetam (Keppra) <input type="checkbox"/> Phenobarbitone <input type="checkbox"/> Potassium Bromide <input type="checkbox"/> Zonisamide	<input type="checkbox"/> ACTH Stim Test <input type="checkbox"/> Cortisol <input type="checkbox"/> Fructosamine <input type="checkbox"/> FT4 <input type="checkbox"/> Insulin <input type="checkbox"/> LDDST <input type="checkbox"/> Progesterone <input type="checkbox"/> PTH <input type="checkbox"/> PTHrp <input type="checkbox"/> TSH <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> TT4 Urine Tests <input type="checkbox"/> Cystitis Package <input type="checkbox"/> Urinalysis <input type="checkbox"/> Urine Culture and Sensitivity <input type="checkbox"/> Urolith Analysis <input type="checkbox"/> Urine Cortisol: Creatinine Ratio <input type="checkbox"/> Urine Protein: Creatinine Ratio Microbiology <input type="checkbox"/> Aerobic Culture Only <input type="checkbox"/> Aerobic Culture and MIC <input type="checkbox"/> Aerobic Culture and Sensitivity <input type="checkbox"/> Anaerobic Culture Only <input type="checkbox"/> Anaerobic Culture and MIC <input type="checkbox"/> Blood Culture and MIC <input type="checkbox"/> Blood Culture and Sensitivity <input type="checkbox"/> Fungal Culture <input type="checkbox"/> Add-On <input type="checkbox"/> MIC <input type="checkbox"/> Sensitivity Faecal Tests <input type="checkbox"/> Baermann Test <input type="checkbox"/> Faecal Smear <input type="checkbox"/> Larval Culture <input type="checkbox"/> Qualitative Faecal Flotation	<input type="checkbox"/> Babesia PCR Panel <input type="checkbox"/> Canine Anaemia Panel <input type="checkbox"/> Canine Diarrhoea Panel <input type="checkbox"/> Canine Comprehensive Diarrhoea Panel <input type="checkbox"/> Comprehensive Tick Fever PCR Panel <input type="checkbox"/> Dermatophytosis PCR Panel <input type="checkbox"/> Feline Anaemia PCR Panel <input type="checkbox"/> Comprehensive <input type="checkbox"/> CBC <input type="checkbox"/> Complete Blood <input type="checkbox"/> Feline Diarrhoea PCR Panel <input type="checkbox"/> Feline Respiratory PCR Panel PCR <input type="checkbox"/> Babesia gibsoni <input type="checkbox"/> Canine Distemper Virus <input type="checkbox"/> Canine Parvovirus <input type="checkbox"/> Ehrlichia canis <input type="checkbox"/> Feline Coronavirus <input type="checkbox"/> Feline Herpesvirus <input type="checkbox"/> Feline Immunodeficiency Virus (FIV) <input type="checkbox"/> Feline Leukemia Virus (FeLV) <input type="checkbox"/> Feline Panleukopenia Virus <input type="checkbox"/> Giardia intestinalis <input type="checkbox"/> Leptospira <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Mycoplasma haemofelis <input type="checkbox"/> Mycoplasma spp (Respiratory) <input type="checkbox"/> Toxoplasma gondii <input type="checkbox"/> Tritrichomonas foetus Serology <input type="checkbox"/> Canine Antinuclear Ab (ANA) <input type="checkbox"/> Canine Vaccination Titre <input type="checkbox"/> Feline Vaccination Titre <input type="checkbox"/> E. cuniculi Ab IFA <input type="checkbox"/> Dirofilaria Ag <input type="checkbox"/> Toxoplasma <input type="checkbox"/> IgG <input type="checkbox"/> IgM

OTHER REQUESTS:

Internal Use Only	Blood, EDTA	Blood, Clotted	Blood, Serum	Blood, Heparin	Blood, Citrate
Date:	<input type="checkbox"/> Swab	<input type="checkbox"/> Fluid	<input type="checkbox"/> Faeces	<input type="checkbox"/> Tissue, Fresh	<input type="checkbox"/> Plasma EDTA
	<input type="checkbox"/> Urine	<input type="checkbox"/> Tissue, Fixed	<input type="checkbox"/> Slides, Stained	<input type="checkbox"/> Slides, Unstained	<input type="checkbox"/> Plasma Heparin
Time:	Comments:				<input type="checkbox"/> Hair
Staff:					Other: