

CITYU VDL SAMPLE SUBMISSION FORM



CityU Veterinary Diagnostic Laboratory
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Veterinarian:	Owner Name:	(First)	(Last)
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)

Sample Sites Collected:			
Differential Diagnosis:	①	②	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	Tissue: <input type="checkbox"/> Fixed <input type="checkbox"/> Fresh
	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 <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"/> FIP 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 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"/> Ehrlichia canis <input type="checkbox"/> Feline Calicivirus <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
Histology/Post Mortem <input type="checkbox"/> Biopsy (1 site) <input type="checkbox"/> Biopsy (2 or more sites) Total no. of sites: _____ <input type="checkbox"/> Endoscopic Biopsy <input type="checkbox"/> Dermatology Biopsy <input type="checkbox"/> Histology from PM <input type="checkbox"/> Mammary Biopsy (1 gland) <input type="checkbox"/> Mammary Biopsy (2 or more glands) Total no. of glands: _____ <input type="checkbox"/> Post Mortem (PM)			
Genetics Testing <input type="checkbox"/> Breed Identification (Breed ID) <input type="checkbox"/> Single Genetic Disease: _____			

OTHER REQUESTS:

Internal Use Only	Blood, EDTA		Blood, Clotted		Blood, Serum		Blood, Heparin		Blood, Citrate	
	Swab		Fluid		Faeces		Tissue, Fresh		Plasma EDTA	
Date:	Urine		Tissue, Fixed		Slides, Stained		Slides, Unstained		Plasma Heparin	
Time:	Comments:									
Staff:	Other:									