

Aquatic, Amphibian and Reptile (AqAR) Pathology Request Form

2015 SW 16th Ave. Room VS-50 Gainesville, FL 32608

P: 352-294-4726

diagnosticlabs@vetmed.ufl.edu <http://labs.vetmed.ufl.edu>

Submitters Name:		Submitters Phone No.		Patient MR# (UF use only):		Case# (UF use only):	
Owner's Name:				Clinician's/rDVM Full Name (to contact for add'l information):			
Address				Clinic Name:			
City, State, Zip Code:				Clinic Phone Number:			
Owner's Phone:				Address:			
Animal ID/ Name:		Tank#:		City, State, Zip Code			
Scientific Name:				Clinic Fax Number:			
Common Name:				Email Address (For Lab Results):			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> N. Male <input type="checkbox"/> Female <input type="checkbox"/> S. Female <input type="checkbox"/> Unkn/Other				Email Address (For Invoicing, If Different):			
DOB/Age:		Color:	Weight	Date Collected:		Date Sent:	
<i>For cytology submissions, please continue on page 2. Necropsy and Biopsy submissions, continue below</i>							
Check box for submission type: <input type="checkbox"/> Necropsy <input type="checkbox"/> Biopsy							
Zoonotic Disease(s) Suspect? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, which?:			
Microbiology Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No				Margins Inked? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has tissue from this animal been submitted to UF Anatomic Pathology previously? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, what is the case/accession number?: _____ - _____			
Date of Necropsy (if applicable):			Return of tissues at additional cost: <input type="checkbox"/> Yes <input type="checkbox"/> No (Retention time 6 months from submission)				
Death Due to: <input type="checkbox"/> Natural Causes Date of Death: _____ Add'l Info:							
Death Due to: <input type="checkbox"/> Euthanasia Date of Death: _____ What Used:							
List the contents of the containers below. For more containers, please use an additional request form.							
Container #1							
Container #2							
Container #3							
Container #4							
Container #5							
Samples submitted in: <input type="checkbox"/> 10% neutral buffered Formalin <input type="checkbox"/> Bouin's <input type="checkbox"/> Davidson's <input type="checkbox"/> Ethanol <input type="checkbox"/> Nothing (fresh/frozen)							
<i>Continue on to page 2 to complete Cytology Submission Information, Clinical Summary, Diagnosis and Signature.</i>							

CYTOLOGY SUBMISSIONS

Specimen Type (please indicate)	Tissue Sample: <input type="checkbox"/> aspirate <input type="checkbox"/> discharge <input type="checkbox"/> imprint <input type="checkbox"/> scraping <input type="checkbox"/> Other: <input type="checkbox"/> Bone marrow aspirate <input type="checkbox"/> Body cavity effusion <input type="checkbox"/> Synovial fluid <input type="checkbox"/> Urine <input type="checkbox"/> Other: <input type="checkbox"/> Blood film: full path review (please provide the following info if available) PCV(%): _____ TS (refractometer) g/dL: _____ Plasma color: _____ Automated WBC count/ μ l: _____
------------------------------------	---

CLINICAL SUMMARY-ALL SUBMISSIONS (Include clinical history, duration of illness, medications, relevant changes in hematology/chemistry and other diagnostic data and other pertinent information.)
THIS SUMMARY WILL BE PRINTED VERBATIM ON THE REPORT. Use another page if needed.

CLINICAL DIAGNOSIS:

Special Requests: Check here to authorize up to \$60 in additional testing if needed for diagnostic purposes.

- I understand that residual samples from my animal become property of the UFVH and consent to the use of these samples. These may be used for medical education, research or publications in journals or textbooks.
- I understand that information may be supplied to:
 - Law enforcement personnel as necessary for the accomplishment of their duties.
 - Other health care providers as necessary for maintenance of public health.

Signature of Attending Veterinarian	PRINT FULL Name
-------------------------------------	-----------------

UFVH Office Use Only

Shipping Code: USHIP UDROP UCDEL LPCRW\$ LPCRWA OTHER _____

Samples Rcvd.(tube type & quantity): _____

Fresh Ambient Ice Packs Dry Ice Leaking Broken Formalin

Initials: _____ Date/Time Stamp: _____