

Practice:		
Veterinarian:		
Address:		
Phone:		
Fax:		
Specimen:		Collector's Initials
# of samples:	Date Collected:	Time Collected:
Patient Name:		
Owner:		
Clinic Patient Chart No.:		
Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Equine <input type="checkbox"/> Other: _____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Neutered/Spayed <input type="checkbox"/> Male <input type="checkbox"/> Intact	
Breed:	Age:	

Case History:

(history, medication, clinical signs, pertinent lab findings, tentative diagnosis, major lesions and previous lab case number)

Other tissues/specimens submitted to: (check all that apply)

- Bacteriology/Mycology
 Biopsy - Anatomical Pathology
 Clinical Pathology
 Cytology - Clinical Pathology
 Endocrinology
 Immunology
 Necropsy - Anatomical Pathology
 Parasitology
 Virology

Endocrinology

For lab use only	Date:	Accession #:
SPECIMEN REQUIREMENTS:		
A = Aspirate AH = Aqueous humor B = Blue Top C = Culturette CSF = Cerebrospinal Fluid	F = Feces FL = Fluid G = Green Top L = Lavender P = Plasma R = Red Top	S = Serum SL = Slide SW = Swab Top T = Tissue TI = Tissue Imprint U = Urine

ADRENAL FUNCTION

<input type="checkbox"/> 17-Hydroxyprogesterone, Baseline	Canine, Feline, Ferret	S
<input type="checkbox"/> 17-Hydroxyprogesterone, Pre & Post (ACTH)	Canine, Feline	S
<input type="checkbox"/> Adrenal Panel	Ferret	S
<input type="checkbox"/> Adrenal Panel	Rabbit (neutered only)	S
<input type="checkbox"/> Adrenal Panel - ACTH Stim	Canine	S
<input type="checkbox"/> Adrenal Panel - ACTH Stim	Feline (neutered only)	S
<input type="checkbox"/> Adrenal Panel Combined Dex Supp/ACTH	Canine	S
<input type="checkbox"/> Aldosterone, Baseline	Canine, Feline	S
<input type="checkbox"/> Aldosterone, Pre & Post (ACTH)	Canine	S
<input type="checkbox"/> Androstenedione, Baseline	Canine, Feline, Ferret	S
<input type="checkbox"/> Androstenedione, Post (ACTH)	Canine, Feline	S
<input type="checkbox"/> Cortisol, Baseline	Canine	S
<input type="checkbox"/> Cortisol, Pre & Post (ACTH)	Canine, Equine, Feline	S
<input type="checkbox"/> Cortisol, Combined Dex Supp/ACTH Stim	Canine	S
<input type="checkbox"/> Cortisol, Combined Dex Supp/TRH Stim	Equine	S
<input type="checkbox"/> Cortisol, High Dose Dex Suppression	Canine	S
<input type="checkbox"/> Cortisol, Low Dose Dex Suppression	Canine	S

REPRODUCTIVE HORMONES

<input type="checkbox"/> Estradiol, Baseline	Canine, Equine, Feline, Ferret	S
<input type="checkbox"/> hCG Stim Test (Progesterone)	Canine, Equine, Feline	S
<input type="checkbox"/> hCG Stim Test (Testosterone)	Canine, Equine, Feline	S
<input type="checkbox"/> Progesterone, Baseline	Canine, Equine, Feline	S
<input type="checkbox"/> Reproductive Hormones (E, P, T)	Canine, Equine, Feline	S
<input type="checkbox"/> Testosterone, Baseline	Canine, Equine, Feline	S

THYROID FUNCTION

<input type="checkbox"/> T3 and T4, Baseline	Avian, Canine, Equine, Feline	S
<input type="checkbox"/> T3, Baseline	Avian, Canine, Equine, Feline	S
<input type="checkbox"/> T4, Baseline	Avian, Canine, Equine, Feline, Ferret	S
<input type="checkbox"/> T4/TSH	Canine	S
<input type="checkbox"/> TSH	Canine	S

TOXICOLOGY

<input type="checkbox"/> Bromide	Canine	S
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Note: Adrenal Panels are batched and started on Monday with results the following Friday.

Lab Contact Information: (For additional lab forms call lab or visit website below)

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