

**UNIVERSITY OF TENNESSEE
COLLEGE OF VETERINARY MEDICINE**

LAB# _____
(LAB USE ONLY)

LABORATORY TEST REQUEST

(USE ADDRESSOGRAPH IF AVAILABLE)

(PLEASE PROVIDE ALL INFORMATION)

VETERINARIAN:
CLINIC NAME:
ADDRESS:
PHONE NO:
FAX NO:
DATE COLLECTED:

PATIENT NAME: _____

OWNER NAME: _____

SPECIES: _____ AGE: _____

HISTORY, ETC.: _____

CLINICAL BACTERIOLOGY

Dept. of Comparative Medicine
A205 Vet. Teaching Hospital, Room C121
2407 River Drive, Knoxville, TN 37996-4543

SPECIMEN: _____ SITE: _____

Is the animal on antibiotic treatment now? _____

Any particular organisms to look for? _____

- | | |
|--|---|
| <p>_____ Aerobic Culture and Susceptibility
(with gram stain)</p> <p>_____ Aerobic & Anaerobic Culture
(with susceptibility & gram stain)</p> <p>_____ Fecal Clostridium Culture</p> <p>_____ Fecal Salmonella Culture</p> <p>_____ Clostridium difficile Toxin</p> <p>_____ Mycobacterial Culture and acid fast stain</p> <p>_____ Fungal Culture (with microscopy)</p> <p>_____ Gram Stain</p> <p>_____ Other _____
(Please inquire before ordering)</p> <p>_____ Fungal Antibody: Blastomyces Histoplasma Coccidioides Aspergillus
(Please circle desired test)</p> <p>_____ Brucella canis Serology</p> | <p>_____ Blood Culture</p> <p>_____ Milk Culture</p> <p>_____ Urine Culture
(with susceptibility & gram stain)</p> <p>_____ Campylobacter Culture</p> <p>_____ Fecal Culture</p> <p>_____ Mycoplasma Culture</p> <p>_____ Fungal Microscopy</p> <p>_____ Acid Fast Stain</p> <p>_____ Cryptococcus Antigen</p> |
|--|---|

COMMENTS

DATE COMPLETED: _____
PHONE: (865) 974-5639 (LAB)
<http://www.vet.utk.edu/diagnostic/bacteriology.shtml>

WORK DONE BY: _____
FAX: (865) 946-1788

TOTAL CHARGES
\$
BILL TO FOLLOW

UTCVM CLINICAL BACTERIOLOGY