

HAGYARD

Equine Medical Institute

Hagyard-Davidson-McGee Since 1876

Hagyard-Davidson-McGee Associates, PLLC
 4250 Iron Works Pike
 Lexington, Kentucky 40511-8412
 www.hagyard.com

Hagyard Laboratory
 Phone (859) 259-3685
 Lab Fax (859) 258-9652

Main Office (859) 255-8741
 Fax (859) 253-0196
 Medicine (859) 253-0002
 Surgery (859) 233-0026

Lab e-mail: hdmlab@hagyard.com

Please address packages "Attention Laboratory"

Lab Fax: (859) 258-9652

Clinic Name _____
 Address _____

 (city,state,zip)
 Veterinarian _____
 Phone (_____) _____
 Fax (_____) _____

Owner _____
 (last, first or farm name)
 Animal Name or Clinic I.D. _____
 Breed _____ Age _____ Sex _____
 Date Specimen Taken ____ / ____ / ____
 Drug Treatment (optional) _____

SPECIMENS SUBMITTED	How Many?
<input type="checkbox"/> Blood, whole	_____
<input type="checkbox"/> Cerebrospinal Fluid	_____
<input type="checkbox"/> Culturette (origin _____)	_____
<input type="checkbox"/> Feces	_____
<input type="checkbox"/> Fixed Tissue (specify _____)	_____
<input type="checkbox"/> Fresh Tissue (specify _____)	_____
<input type="checkbox"/> Milk	_____
<input type="checkbox"/> Plasma EDTA	_____
<input type="checkbox"/> Plasma Heparin	_____
<input type="checkbox"/> Abscess (specify _____)	_____
<input type="checkbox"/> TransTracheal Wash	_____
<input type="checkbox"/> Serum	_____
<input type="checkbox"/> Skin Scraping	_____
<input type="checkbox"/> Smear (specify _____)	_____
<input type="checkbox"/> Synovial Fluid (specify _____)	_____
<input type="checkbox"/> Other Sterile Body Fluid (specify _____)	_____
<input type="checkbox"/> Urine	_____
<input type="checkbox"/> Other (specify _____)	_____

TESTING AVAILABLE

<p>CHEMISTRY:</p> <input type="checkbox"/> Ammonia <input type="checkbox"/> Bile Acids <input type="checkbox"/> Bilirubin Profile <input type="checkbox"/> Blood Gases <input type="checkbox"/> Cardiac Enzymes <input type="checkbox"/> Chem Profile <input type="checkbox"/> Direct Bilirubin <input type="checkbox"/> Electrolytes <input type="checkbox"/> Glucose Tolerance <input type="checkbox"/> IgG <input type="checkbox"/> Individual Chem <input type="checkbox"/> Intracellular K+ <input type="checkbox"/> Ionized Calcium <input type="checkbox"/> Lactate <input type="checkbox"/> Liver Profile <input type="checkbox"/> Magnesium <input type="checkbox"/> Milk Electrolytes <input type="checkbox"/> Osmolality <input type="checkbox"/> SDH <input type="checkbox"/> Therapeutic Profile <input type="checkbox"/> Triglycerides <input type="checkbox"/> Urine Fractionation Panel <input type="checkbox"/> Colostrum IgG <p>COAGULATION:</p> <input type="checkbox"/> AT3 <input type="checkbox"/> FDP <input type="checkbox"/> PT	<p>CYTOLOGY:</p> <input type="checkbox"/> Fluid Cytology (Fluid cytologies only accepted in EDTA) <input type="checkbox"/> Uterine Cytology <p>HEMATOLOGY:</p> <input type="checkbox"/> Body Fluid Analysis <input type="checkbox"/> CBC (w/ platelet) <input type="checkbox"/> Platelet Count <input type="checkbox"/> CSF Analysis <input type="checkbox"/> Fibrinogen <input type="checkbox"/> Foal Profile <input type="checkbox"/> Hemogram <input type="checkbox"/> Manual Differential <input type="checkbox"/> Total Plasma Protein <input type="checkbox"/> Urinalysis <p>HORMONAL ASSAYS:</p> <input type="checkbox"/> PMSG <input type="checkbox"/> Progesterone <input type="checkbox"/> T4 <p>IMMUNOHEMATOLOGY:</p> <input type="checkbox"/> Coombs <input type="checkbox"/> Jaundice Foal Agglutination <input type="checkbox"/> NI Screen <input type="checkbox"/> Transfusion Crossmatch	<p>MICROBIOLOGY:</p> <input type="checkbox"/> Abscess <input type="checkbox"/> Anaerobe <input type="checkbox"/> Blood Culture <input type="checkbox"/> C difficile Toxin <input type="checkbox"/> C perfringens Enterotoxin <input type="checkbox"/> Dermatophyte <input type="checkbox"/> Eye Culture <input type="checkbox"/> Fecal Aerobe <input type="checkbox"/> Fecal Anaerobe or Clostridium perfringens <input type="checkbox"/> Fecal Egg Counts <input type="checkbox"/> Fecal Occult Blood <input type="checkbox"/> Foal Diarrhea Panel <input type="checkbox"/> Nasal Culture <input type="checkbox"/> Rotavirus Assay <input type="checkbox"/> Salmonella <input type="checkbox"/> Stallion Culture <input type="checkbox"/> Sterile Body Fluid <input type="checkbox"/> Strep Equi Screen <input type="checkbox"/> Tran Tracheal Wash <input type="checkbox"/> Uterine Culture <input type="checkbox"/> Wounds (abscess or infection) <p>SEROLOGY:</p> <input type="checkbox"/> AGID Coggins <input type="checkbox"/> ELISA Coggins (2 hour)
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BRIEF HISTORY (optional)

LAB USE ONLY

Received By: _____

Adhese Label Here