For lab use only:

Specimens received:___
Type: _____

SpecialtyVETPATH

MICROBIOLOGY REQUEST FORM

Clinic: _____
Clinician: _____
Address: _____
City/state/zip: _____
Phone: _____
Fax: _____
Email: _____

Date sample taken: _____
Owner's name: _____
Patient's name: _____
Species: _____ Sex: _____
Breed: _____
Color: _____ Age/DOB: _____
Previous submissions: _____

How would you like to receive results? Fax ☐ Email ☐ Both ☐

Specimen(s): _____

Clinical diagnosis/suspected pathogens: _____

Bacteriology request:
- Aerobic C/S ☐
- Anaerobic culture ☐
- Urine culture ☐
- Blood culture ☐
- Mycobacterial culture ☐
- Mycoplasma culture ☐

Mycology request:
- Dermatophyte culture ☐
- Fungal culture ☐
- Isolate identification ☐
- Yeast MIC panel ☐

Urinalysis ☐

Special requests:
- Topical panel ☐
- Custom panel ☐
- Other:

Clinical history (include current and prior antibiotic therapy):

Check spelling

Submit form by email

Print form

If local, call for pickup: 206-453-5691

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