



ZooQuatic

Laboratory, LLC

701 East Pratt St.

Baltimore, MD 21202

443-887-4071

labservices@zooquaticlab.com

ZQ Lab Use Only

ZQ Accession:

Date Received:

**CLINICAL PATHOLOGY SUBMISSION FORM**

**Client/Owner Information**

Organization:

Contact Name:

Address:

Preferred Results Reporting (email or fax):

Phone:

Invoicing Contact:

**Sample Submission Information** *(for batch submissions, see p.2)*

Animal ID/Accession:

Species:

Health Status:

Sex/Age (if known):

Collection Date:

Fasting Status:

Specimen Type:

**Hematology**

**Chemistry**

**Cytology**

Anticoagulant { }

{serum/plasma }

Site:

Sample Comments:

**Test(s) Requested**

**Hematology:** { } CBC { } CBC, estimated WBC { } Buffy coat { } Other, add notes

**Chemistry:** { } Elasm chem { } Avian/Rep/Amphib/Teleost chem { } Invert chem { } Other, add notes

**Cytology:** { } 1 stain { } 2 stains { } 3 stains Circle selection: *Diff-Quik Gram stain Acid-Fast stain*

**Fluid Analysis:** { } Fluid Analysis { } add cytology (DQ/GS/AF) { } Gastric { } Gastric Occult { } Urinalysis

**Fecal Analysis:** { } Direct/Float { } Fecal Occult { } Cryptosporidium stain { } Other, add notes

**Notes:**

**Batch Sample Information**

Animal ID:	Species:	Sex/Age:	Collection Date:	Comments: