

Lab Use Only
PLEASE LABEL ALL TUBES WITH PT. NAME & ACCT. NO.

CRITICAL REORDER FORM 6

CHART NUMBER											
Doctor's Name											
Date	CLIENT										
/ /	PET NAME										
SPECIES		BREED			SEX			AGE			
<input type="checkbox"/> Equine <input type="checkbox"/> _____					<input type="checkbox"/> M <input type="checkbox"/> CM <input type="checkbox"/> F (Male) (Stallion) (Mare)			Y/W/D			

SUBMIT EQUINE PATHOLOGY REQUESTS ON THE EQUINE PATHOLOGY FORM 7

Custom Panels or Misc Requests	Equine Mare Reproduction Testing		
Equine Early Detection Wellness Program			
<input type="checkbox"/> L510 Equine Early Detection Wellness (2S,B,L,F) <small>Eq Chem, CBC, Fib, EIA AGID, FEC</small>	<input type="checkbox"/> S16300 Estrone Sulfate (>100 days) (S)		
<input type="checkbox"/> L511 Equine Early Detection Wellness (ELISA) (2S,B,L,F)	<input type="checkbox"/> S16295 Estradiol (>120 days +/- Prog) (S)		
Equine Profiles			
<input type="checkbox"/> L040 Equine Chem/CBC/Fib (S,B,L)	<input type="checkbox"/> S16635 PMSG (45 - 120 days +/- Prog) (S)		
<input type="checkbox"/> L010 Equine Chem (S)	<input type="checkbox"/> L140 Progesterone (R*)		
<input type="checkbox"/> L035 Equine Chem/CBC/Fib/FT4 (ED) (S,B,L)	<input type="checkbox"/> L460 Progesterone and PMSG (R*)		
<input type="checkbox"/> L030 Equine Chem/CBC/Fib/T4 (S,B,L)	<input type="checkbox"/> L470 Progesterone and Estradiol (R*)		
<input type="checkbox"/> L290 Neonatal Foal Panel (S,B,L) <small>Eq Chem, CBC, Fib, Eq IgG (Total)</small>	<input type="checkbox"/> L480 Progesterone, PMSG, Estradiol (R*)		
<input type="checkbox"/> L090 Equine IgG Total (S)	<input type="checkbox"/> S85857 Granulosa Cell Tumor Panel (R*) <small>Progesterone, Testosterone, Inhibin</small>		
<input type="checkbox"/> L230 Equine Hepatic Panel/Bile Acids (S)	<input type="checkbox"/> S4131 Inhibin (S)		
<input type="checkbox"/> T225 Bile Acids (resting) (S)	<input type="checkbox"/> S14320 Anti-Mullerian Hormone (S)		
<input type="checkbox"/> L240 Equine Renal Screen (S)	*DO NOT SEND SST FOR PROG		
<input type="checkbox"/> L270 Equine Comprehensive Renal Panel (S,B,L,U) <small>Eq Chem, CBC, Fib, Fractional Excretion of Electrolytes, UA, UPC, UGGT:C</small>	Equine Stallion/Gelding Reproduction Testing		
<input type="checkbox"/> L275 Equine Muscle Enzyme Screen (S)	<input type="checkbox"/> S16760 Testosterone (S)	Cryptorchid Testing	
<input type="checkbox"/> L280 Equine Muscle Enzyme Screen/CBC/Fib (S,B,L)	<input type="checkbox"/> L390 Equine Neurologic Panel (S,B,L) <small>Eq Chem, CBC, Fib, Encephalitis (EEE, WEE, VEE), EPM SAG 2,4/3 ELISA, WNV (SN Ab/ELISA), EHV-1 PCR</small>	<input type="checkbox"/> S85530 Testosterone Panel (4 samples) (4S)	
<input type="checkbox"/> L190 Equine Rhabdomyolysis Screen (S)	<input type="checkbox"/> S85448 West Nile Virus Ab (SN/ELISA) (S)	<input type="checkbox"/> S16300 Estrone Sulfate (>3 yrs of age) (S)	
<input type="checkbox"/> T140 Equine Electrolyte Screen (S)	Equine Thyroid Testing		
<input type="checkbox"/> L370 Pre-purchase and Insurance Panel (S,B,L,U) <small>Eq Chem, CBC, Fib, UA, Drug Screen (S or U)</small>	<input type="checkbox"/> T495 T4 (S) <input type="checkbox"/> T460 Free T4 (ED) (S)	<input type="checkbox"/> S14320 Anti-Mullerian Hormone (<3 yrs of age) (S)	
<input type="checkbox"/> S1680 Pre-purchase Drug Screen (S or U)	<input type="checkbox"/> SA370 T4 and Free T4 (ED) (S)	Equine PPID and Insulin Testing	
Equine Hematology Testing		<input type="checkbox"/> L500 PPID Monitoring Panel (2S,FP,B,L) <small>Eq Chem, CBC, Fib, T4, Endogenous ACTH, Insulin</small>	<input type="checkbox"/> L525 Endogenous ACTH (FP)
<input type="checkbox"/> T332 CBC/Fib (B,L)	<input type="checkbox"/> L950 Equine PCR GI (Diarrhea) Panel (Rectal swab or F)	<input type="checkbox"/> L540 Endogenous ACTH/Insulin/Glu (S,FP)	<input type="checkbox"/> L575 Endo ACTH/Ins/Glu/Leptin (2S,FP)
<input type="checkbox"/> L070 CBC/Fib/Plasma Protein (B,L)	<input type="checkbox"/> L955 Equine PCR Reproduction Panel (Endo swab, Cervical swab, Semen, Placenta or Uterine lavage fluid)	<input type="checkbox"/> L535 TRH Stim (Pre and Post Endo ACTH) (2FP)	<input type="checkbox"/> DEX2 Dex Suppression (2 sample) (2S) <small>(times) PRE _____ Post 1 _____</small>
<input type="checkbox"/> T415 PT/PTT (B)	<input type="checkbox"/> L960 Equine PCR Respiratory Panel (NS, TTW, Guttural pouch wash, BAL fluid, or Respiratory tract tissue)	<input type="checkbox"/> DEX3 Dex Suppression (3 sample) (3S) <small>(times) PRE _____ Post 1 _____ Post 2 _____</small>	<input type="checkbox"/> T470E Insulin/Glucose (S)
Equine Urine Testing		<input type="checkbox"/> L545 Oral Sugar Test (2 sample) (2S)	<input type="checkbox"/> L550 Oral Sugar Test (3 sample) (3S)
<input type="checkbox"/> T760 Urinalysis (U)	<input type="checkbox"/> L965 Equine PCR Fever of Unknown Origin (L and NS)	Equine Fecal Testing	
<input type="checkbox"/> L340 Fractional Excretion of Electrolytes (S,U)	<input type="checkbox"/> S14414 Coronavirus PCR (F)	<input type="checkbox"/> T826 Fecal Egg Count (FEC) (F)	<input type="checkbox"/> M121 Salmonella Culture (F)
Specimen Key:		<input type="checkbox"/> M160 Fecal Culture (F)	<input type="checkbox"/> L86181 Clostridium Difficile Toxins A/B (F)
B Blue top tube containing sodium citrate	FS Frozen serum	<input type="checkbox"/> T16007 Clostridium Perfringens Enterotoxin (F)	<input type="checkbox"/> M200 Foal Diarrhea Panel* (F) <small>FEC, Fecal Culture (includes Salmonella spp.), Clostridium Perfringens Enterotoxin, Clostridium Difficile Toxins A/B</small>
BCB Blood culture bottle	L Lavender top tube containing EDTA	<input type="checkbox"/> L420 Chronic Diarrhea Panel* (F) <small>Equine Chem, CBC, Fib, FEC, Fecal Culture (includes Salmonella spp.), Clostridium Perfringens Enterotoxin, Clostridium Difficile Toxins A/B</small>	
C Culturette	NS Nasal swab submitted without media in a plain red top tube		
CSF CSF in a lavender top tube	R Serum drawn in non-SST tube, separate serum from red cells, place in plain red top with no additive		
F Feces	S Serum		
FP LT spun; separate plasma from red cells, place in a plastic tube marked plasma and immediately freeze	U Urine, voided midstream		
Equine Microbiology Testing			
	SITE _____		
	<input type="checkbox"/> M020 Aerobic Culture and Sensitivity (C)		
	<input type="checkbox"/> M030 Anaerobic Culture (C)		
	<input type="checkbox"/> M040 Aerobic C/S and Anaerobic Culture (C)		
	<input type="checkbox"/> M060 Blood Culture and Sensitivity (BCB)		
	<input type="checkbox"/> M080 Fungal Culture and ID (C)		
	<input type="checkbox"/> M220 Synovial Fluid Culture and Sensitivity (BCB)		
	<input type="checkbox"/> M130 Urine Culture and Sensitivity (U)		

*PCR testing also available. See L950

