

Clinic Information:		Veterinarian:	
NAME: _____		_____	
ADDRESS: _____ _____		Clinic email: _____	
PHONE: _____			
Owner Information			
Last name _____		First name _____	
Patient Information		NAME: _____	
		AGE: _____	
Species		Breed: _____	
Canine	<input type="checkbox"/>	SEX	<input type="checkbox"/>
Feline	<input type="checkbox"/>	M	<input type="checkbox"/>
Equine	<input type="checkbox"/>	MN	<input type="checkbox"/>
Other	<input type="checkbox"/>	F	<input type="checkbox"/>
		FS	<input type="checkbox"/>
		UNK	<input type="checkbox"/>

Sample Type:	Date Collected:
Aspirate: site <input type="checkbox"/>	<input type="checkbox"/>
Blood: EDTA <input type="checkbox"/>	<input type="checkbox"/>
Bone Marrow:EDTA <input type="checkbox"/>	<input type="checkbox"/>
Lymph Node:Saline <input type="checkbox"/>	<input type="checkbox"/>
Other:specify _____	<input type="checkbox"/>

Important Is this patient an ehrlichiosis suspect? NO Suspect Confirmed

- 1. Signs or Symptoms pertinent to requesting Flow**
- Lymphadenopathy _____ include cytology report if available
 - Splenomegaly _____
 - Hepatomegaly _____
 - Lymphocytosis _____ Lymphocyte Number include most recent CBC results if available
 - Other blood abnormality _____ include most recent CBC results if available
 - Bone Marrow _____ include cytology report if available
 - Mass: Location _____ include cytology or surgical pathology report if available
 - Effusion/fluids: specify type _____
 - Hypercalcemia: value _____ Hyperglobulinemia: value _____

2. Other conditions _____

Ship overnight for morning delivery	Clinical Pathology	919-513-6363 (Dan Bogan)
	1060 William Moore Drive, Room C269	919-513-6550 (Clin Path Lab)
	Raleigh NC 27607	

This submission form serves as notice that all specimens, animals, and/or biological materials submitted to NC State CVM Diagnostic Laboratory Service (CVM-DLS) as well as any test results, diagnoses, or other analyses resulting from these submissions will become the property of CVM-DLS