

Ship on ice pack overnight for morning delivery.
We do not receive packages on Saturdays, Sundays and holidays!
 Please email Fedex tracking # to ncstateimmunology@ncsu.edu

CLINIC INFORMATION

Clinic Name: _____	Veterinarian: _____
Address: _____	Email Results To: _____
	Phone: _____

OWNER INFORMATION

Last Name _____	First Name _____
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PATIENT INFORMATION

Species (check one):
 Canine _____
 Feline _____

Animal Name: _____
 Age: _____ Breed: _____

SAMPLE TYPE:	DATE COLLECTED:	
Lymph Node Asp: <input type="checkbox"/>	<input type="text"/>	IMPORTANT: Is this patient an ehrliciosis suspect? NO _____ SUSPECT _____ CONFIRMED _____
Site: _____	<input type="text"/>	
Blood: EDTA <input type="checkbox"/>	<input type="text"/>	Has patient been tested for FIV / FELV? YES _____ NO _____ What were the results? Positive _____ Negative _____ If positive, please circle which organism. FIV / FELV
Bone Marrow: EDTA <input type="checkbox"/>	<input type="text"/>	
Other: <input type="checkbox"/>	<input type="text"/>	
Site/Fluid: _____	(Other samples - Call lab before sending)	

1. History and Clinical Findings:

Lymphadenopathy
Splenomegaly
Hepatomegaly
Lymphocytosis Lymphocyte Number: _____
Other blood abnormality
Bone Marrow
Mass: Location
Effusion/fluids: specify type
Hypercalcemia: value Hyperglobulinemia: value

Include most recent CBC results / cytology report / surgical pathology report if available.

2. Is patient currently receiving prednisone and/or chemotherapy? NO _____ YES _____
 If yes, contact the lab before sending sample.

3. Additional History: _____