



# Bitterroot Health

1200 Westwood Drive, Hamilton, MT 59840  
(406) 363-2211 Ext. 4428,4429 • FAX 375-4490

## VETERINARIAN LAB ORDER REQUISITION

### Outpatient Hours

Monday-Friday 7:30 – 5:00  
Saturday & Sunday 8:00 – 2:00

### VET INFORMATION

Veterinarian		Veterinary Office	
Vet office phone		Vet office fax	
Vet Office Mailing Address			Apt #
City	State	Zip	

### PET INFORMATION

Pet Last Name	Pet First Name	Pet Birthdate
Pet Owner's name		Pet Owner's phone number
Mailing Address		
City	State	Zip

Please mark the test(s) you are requesting with an "X". The following is a list of available animal testing. Please contact the laboratory for further information

CLIENT PAY     OWNER PAY

VETERINARIAN'S SIGNATURE	DATE	TIME

SPECIMEN INFORMATION	
<input type="checkbox"/> STAT	<input type="checkbox"/> ROUTINE <input type="checkbox"/> FASTING
COLLECTION	DATE _____
	TIME _____
ORDERING LOCATION: _____	
PHONE: _____	FAX: _____

X TEST	X TEST
<b>GENERAL TESTING:</b>	<b>GENERAL TESTING CON'T:</b>
<input type="checkbox"/> Vet Panel 1	<input type="checkbox"/> Vet Hemogram
<input type="checkbox"/> Vet Panel 2	<input type="checkbox"/> Vet Manual Platelet
<input type="checkbox"/> Vet Panel 7	<input type="checkbox"/> Vet Retic Count
<input type="checkbox"/> Vet Lipid	<b>COAGULATION TESTING:</b>
<input type="checkbox"/> Vet Blood Gas	<input type="checkbox"/> Vet Protime
<input type="checkbox"/> Vet Blood Gas-pH only	<input type="checkbox"/> Vet PTT
<input type="checkbox"/> Vet T4	<b>URINALYSIS TESTING:</b>
<input type="checkbox"/> Vet TSH	<input type="checkbox"/> Vet Urine Dipstick
<input type="checkbox"/> Vet FT4	<input type="checkbox"/> VET - UA Micro
<input type="checkbox"/> Vet Digoxin	<b>MICROBIOLOGY TESTING:</b>
<input type="checkbox"/> Vet Dilantin	Source: _____ Time of Collection: _____
<input type="checkbox"/> Vet Valproic Acid	<input type="checkbox"/> Vet Misc Aerobic Culture
<input type="checkbox"/> Vet Carbamazepine	<input type="checkbox"/> Vet Urine Culture
<input type="checkbox"/> Vet Theophylline	<input type="checkbox"/> Vet Gram Stain
<input type="checkbox"/> Vet Iron Profile	<input type="checkbox"/> Vet Anaerobic Culture
<input type="checkbox"/> Vet Total Protein	<input type="checkbox"/> Vet Stool Culture
<input type="checkbox"/> Vet Albumin	<input type="checkbox"/> Vet Occult Blood
<input type="checkbox"/> Vet B12	<input type="checkbox"/> Vet Influenza A&B
<input type="checkbox"/> Vet Folate	<b>TRANSFUSION TESTING:</b>
<input type="checkbox"/> Vet Ferritin	<input type="checkbox"/> Vet ABO/RH
<input type="checkbox"/> Vet CBC 1	

### VET PANEL 1

Alk Phos  
Bun  
Calcium  
Cholesterol  
Creatine  
Potassium  
Sodium  
Phosphorous  
Protein  
ALT  
TBili  
Glucose

### VET PANEL 7

Bun  
Creatine  
ALT  
TBili  
GGT  
AST  
CK

### VET PANEL 2

Vet Panel 1  
+  
Amylase  
Chloride  
GGT  
AST

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_