



IMMUNOLOGY SUBMISSION FORM

CONTACT INFORMATION-Clinic/Veterinarian

PATIENT INFORMATION

Clinic Name: _____	Owner: _____
UW Veterinary Care Account #: _____	(last) (first)
Address: _____	Animal: _____
City, State, Zip: _____	(Name/ID)
Phone: _____	Species: _____
Fax: _____	Breed: _____
Email: _____	Age: _____ Sex: <input type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> M <input type="checkbox"/> MC
Veterinarian: _____	
Phone: _____	
Email: _____	

ANIMAL/SAMPLE INFORMATION (Use for multiple sample submissions)

Species: _____ Breed: _____

Animal/Specimen IDs:

1. _____	5. _____	9. _____	13. _____
2. _____	6. _____	10. _____	14. _____
3. _____	7. _____	11. _____	15. _____
4. _____	8. _____	12. _____	16. _____

*Attach additional animal/specimen identifications

SPECIMEN INFORMATION

Collection Date: _____ Time: Routine ASAP STAT

Specimen type:

TESTS

Antiglobulin (Coombs) Test Occult Heartworm (Antigen)

Llama IgG

IgG Quantification by RID (Bovine, Equine)

Other:

Crossmatch includes 1-3 donors submitted with patient

Feline Crossmatch Canine Crossmatch

with blood typing without blood typing

List Donors: