

# URINALYSIS/PARASITOLOGY COAGULATION SUBMISSION FORM



**UW Veterinary Care**  
University of Wisconsin-Madison  
VETERINARY MEDICAL TEACHING HOSPITAL

Clinical Pathology Laboratory  
Veterinary Medical Teaching Hospital  
University of Wisconsin-Madison  
2015 Linden Drive  
Madison, WI 53706

Phone: 608-263-9934  
Fax: 608-265-5626  
Hours: M-F 8:00 am-5:00 pm CST

## CONTACT INFORMATION-Clinic/Veterinarian

## PATIENT INFORMATION

Clinic Name: \_\_\_\_\_

UW Veterinary Care Account #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Owner: \_\_\_\_\_

(last) (first)

Animal: \_\_\_\_\_

(Name/ID)

Species: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Sex:  F  FS  M  MC

## 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

### URINALYSIS

### COAGULATION

- Complete Urinalysis  Cysto  Cath  
 Urine Sediment Only  Void

- PT  PTT  FDP

### PARASITOLOGY

- Fecal Flotation  
 Direct Fecal Smear

Other: