**Clinical Pathology Request Form**

**Overnight To:** CSU Veterinary Diagnostic Lab  
300 West Drake Road, DMC 123  
Fort Collins, Colorado 80526  
Clinical Pathology Phone: 970-297-1290  
Clinical Pathology Fax: 970-297-4441  
Email: clinpath@colostate.edu  

**Diagnostic Lab No:**  
**Date Received:**  

https://www.dlab.colostate.edu  
Dlab Phone: 970-297-1281  

All results will be faxed unless otherwise requested.  
Fax and email must be complete and legible.  

**Person to be billed:**  
( ) Veterinarian  ( ) Owner  

**Send Results by:**  
( ) Fax  ( ) Email  ( ) Phone  

**Veterinarian:**  

**Clinic:**  

**Address:**  

**City:**  

**State:**  

**Zip:**  

**Phone ( ) Fax ( ) Email:**  

**Note:** TP, Al  Circle up to 5  

**BIOCHEMISTRY**  

- Bile Acids SBA, SBA2  
- Fructosamine: Tues/Fri SFRUC  
- Ionized Calcium SCA  
- Ethylene Glycol SEG:  
- Osmolality S0SM, S0SMO:  
- CO, MetHgb COOX  

**URINE:**  

- Cysto  
- Void  
- Catheter  
- Urinalysis SUA  
- Urine Protein/Creatinine Ratio SUPT  
- Urine Na/K/Cl SULYTE  
- Fractional Excretions (weekdays only) UIP, AUIP  

**COAGULATION**  

- PT SPT  
- INR calculation  
- APTT SAPT  
- PT/APTT SPT/APTT  
- FDP SFDP  
- D-Dimer SDDT  
- ATIII SAT  
- PT/APTT/Plt SF3  
- PT/APTT/FDP SCAFAG  
- PT/APTT/Plt/FDP/DD/AT SF6  

**IMMUNOHEMATOLOGY**  

- Blood Type, Card:  
  K9 SK9TYPE  
  Feline SFBT  
- Emergency Foal IgG EFC  
- Crossmatch XSM Donor ID:  
- Coombs Test SCOAG: Dog, Cat, Horse  

**ADDITIONAL DLAB OR CLIN PATH TESTS:**  

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