



VETERINARY DIAGNOSTICS

4705 Decatur Blvd. Indianapolis, IN 46241

Veterinary Test Requisition

Phone: (888) 841-8387

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Ordering Facility		Patient Information (Apply label if available)	
Facility:	Facility ID:	Owner Last Name:	
Address:		State/Zip:	
City:		Pet Name:	
E-mail:		Species:	
Phone:		DOB:	Specimen ID# (Optional):
Fax:		Specimen Collection Date:	
Laboratory Contact:		Specimen Storage Temperature: <input type="checkbox"/> STORED AMBIENT <input type="checkbox"/> STORED FROZEN <input type="checkbox"/> STORED REFRIGERATED	
		Ordering Veterinarian:	

Code	ANTIGEN TEST	Sample to be Tested	Species	Notes
<input type="checkbox"/>	309 Aspergillus EIA	<input type="checkbox"/> UR <input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF <input type="checkbox"/> BAL <input type="checkbox"/>	Any	First choice systemic dz K9/Fel – Serum & Urine or Serum alone
<input type="checkbox"/>	316 Blastomyces EIA	<input type="checkbox"/> UR <input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF <input type="checkbox"/> BAL <input type="checkbox"/>	Any	First choice K9/Fel - Urine first choice
<input type="checkbox"/>	315 Coccidioides EIA	<input type="checkbox"/> UR <input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF <input type="checkbox"/> BAL <input type="checkbox"/>	Any	Second choice K9/Fel - Codes 329 K9 & Code 320 Fel first choices
<input type="checkbox"/>	310 Histoplasma EIA	<input type="checkbox"/> UR <input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF <input type="checkbox"/> BAL <input type="checkbox"/>	Any	First choice K9/Fel – Urine first choice
<input type="checkbox"/>	319 Cryptococcus LA	<input type="checkbox"/> SER <input type="checkbox"/> CSF <input type="checkbox"/>	Any	First choice K9/Fel – Serum first choice
<input type="checkbox"/>	317 Beta-D-Glucan (BDG)	<input type="checkbox"/> SER <input type="checkbox"/> CSF <input type="checkbox"/>	Any	Best if combined with Asper antigen Code 309

Code	ANTIBODY TEST	Sample to be Tested	Species	Notes
<input type="checkbox"/>	324 Aspergillus ID	<input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF	Any	First choice sinonasal dz K9/Fel – Serum first choice
<input type="checkbox"/>	322 Blastomyces ID	<input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF	Any	Not recommended K9 – Code 330 instead – Only Blasto antibody Fel
<input type="checkbox"/>	320 Coccidioides ID	<input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF	Any	First choice Fel – Second choice K9
<input type="checkbox"/>	321 Histoplasma ID	<input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF	Any	Not recommended K9/Fel – Code 327/328 recommended K9/Fel
<input type="checkbox"/>	330 Blastomyces IgG EIA	<input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF	K9	Best if combined with Blasto antigen Code 316
<input type="checkbox"/>	329 Coccidioides IgG EIA	<input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF	K9	First choice K9
<input type="checkbox"/>	327 Histoplasma IgG EIA	<input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF	K9	Best if combined with Histo antigen Code 310
<input type="checkbox"/>	328 Histoplasma IgG EIA	<input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF	Fel	Best if combined with Histo antigen Code 310
<input type="checkbox"/>	332 Pythium IgG EIA	<input type="checkbox"/> SER <input type="checkbox"/> PLS <input type="checkbox"/> CSF	K9/Fel	First choice K9/Fel

Code	DRUG MONITORING	Sample to be Tested	Species	Notes
<input type="checkbox"/>	312 Itraconazole Bioassay	<input type="checkbox"/> SER	Any	Complete additional info below

Bioassay Additional Info: Body weight (kg): _____ Dose mg/kg/day: _____ Time (hrs) since dose: _____
How many wks on Itra: _____ Date most recent ALT: _____ ALT Result: _____ U/dL Is ALT above normal range? <input type="checkbox"/> Yes <input type="checkbox"/> No
Form: <input type="checkbox"/> Sporanox capsule <input type="checkbox"/> Sporanox solution <input type="checkbox"/> Itrafungol <input type="checkbox"/> FDA Generic capsule <input type="checkbox"/> FDA generic solution <input type="checkbox"/> Compounded
Meal: <input type="checkbox"/> Given with food <input type="checkbox"/> Given on empty stomach Are there any ulcerative skin lesions? <input type="checkbox"/> Yes <input type="checkbox"/> No

CLINICAL CONSULT REQUEST
<input type="checkbox"/> I would like a Clinical Consult for this case. <input type="checkbox"/> Call # _____ <input type="checkbox"/> Email _____

ADDITIONAL INFORMATION
Abbreviations: UR=urine; SER=serum; PLS=plasma; CSF=cerebrospinal fluid; BAL=lung lavage fluid; EIA=enzyme immunoassay; LA=latex agglutination; ID=immunodiffusion; Fel=feline; Dz=disease.