

LabVet

Consultations Inc.

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Consultations in Veterinary Clinical Pathology

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Biochemistry Submission Form

Date _____

Owner _____ Animal ID _____

Species _____ Breed _____ Sex _____ Age _____

Clinic _____ Clinician _____

Address _____

Telephone _____ Fax _____

Biochemistry Results: In house _____ Method _____ Sent out _____

Patient	Reference Interval	Patient	Reference Interval
Ca _____	mmol/L _____	Urea _____	mmol/L _____
Phos _____	mmol/L _____	Creatinine _____	umol/L _____
Mg _____	mmol/L _____	Glucose _____	mmol/L _____
Na _____	mmol/L _____	Cholesterol _____	mmol/L _____
K _____	mmol/L _____	T Bili _____	umol/L _____
Cl _____	mmol/L _____	F Bili _____	umol/L _____
CO2 _____	mmol/L _____	C Bili _____	umol/L _____
Anion Gap _____		Alk Phos _____	U/L _____
Tprot _____	g/L _____	GGT _____	U/L _____
Albumin _____	g/L _____	ALT _____	U/L _____
Globulins _____	g/L _____	CK _____	U/L _____
A:G ratio _____		Amylase _____	U/L _____
Na:K ratio _____		Lipase _____	U/L _____

History (including recent therapy):

Disease Suspected: _____

Please check results carefully! LabVet cannot be held responsible for errors in data entry.