

LabVet

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Consultations in Veterinary Clinical Pathology

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Hematology Submission Form

Date _____

Owner _____ Animal ID _____

Species _____ Breed _____ Sex _____ Age _____

Clinic _____ Clinician _____

Address _____

Telephone _____ Fax _____

Hematology Results: In house _____ Methodology _____ Sent out _____

Patient	Reference Interval	Patient	Reference Interval
WBC _____	x 10 ⁹ /L _____	Neutrophils _____	x 10 ⁹ /L _____
RBC _____	x10 ¹² /L _____	Lymphocytes _____	x 10 ⁹ /L _____
Hct _____	L/L _____	Monocytes _____	x 10 ⁹ /L _____
MCV _____	fL _____	Eosinophils _____	x 10 ⁹ /L _____
MCH _____	pg _____	Basophils _____	x 10 ⁹ /L _____
MCHC _____	g/L _____	Polychromasia _____	
RDW _____	% _____	Shift Platelets _____	
Platelets _____	x 10 ⁹ /L _____	Morphology _____	
MPV _____	fl _____		

History (including recent therapy):

Slides Submitted: _____ Stained _____ Unstained _____

Disease Suspected: _____

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