

RECORD

Breathitt Veterinary Center

Version Date: 13 Nov 2009

ACCESSION REPORT

(Complete front and back of form)

1 of 2

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FOR LAB USE ONLY

Labs: C B D N P S T V J R
Case Coordinator: _____
Carrier: M W W/I U F O V Tech Other
Rec. Date/Time: _____
Condition _____

Owner	Veterinarian
Owner/Manager: _____ Farm: _____ Address: _____ City: _____ ST _____ ZIP _____ Phone #: (_____) _____ County: _____ Premise ID: _____	Name: _____ Clinic Name: _____ Address: _____ City: _____ ST _____ ZIP _____ Phone #: (_____) _____ Vet License # _____ Code _____

Animal ID/Name*	Species	Breed	Sex	Neutered	Age	Units Of Measure	Wt.
			Male Female	Yes No		Hr Day Wk Yr Mon Yr	
			Male Female	Yes No		Hr Day Wk Yr Mon Yr	

Purpose of Test: (Circle) Diagnostic Regulatory Surveillance Export (Country: _____) Research Prepurchase/Sale Other

Carcass	Tissue: FIXED FRESH Site/Source(s): _____ Complete Diagram on back of form	Blood, EDTA	Feces	Fluid Type: _____
Fetus		Blood, Whole	Milk	Swab-Source/Site: _____
Placenta		Serum	Urine	Other: _____

History of Illness:

Duration of Illness: _____ (Circle: Hrs, Days, Wks) #Sick Animals: _____ #Dead: _____ #in Group:* _____ # on Farm: _____

History (Clinical Signs):

Nutrition, Environment, other Mgmt: _____

Vaccination(s): _____

Any previous submissions for this problem? If **YES**, Accession # _____ Date: _____

*Multiple submissions from same premise require **Accession Continuation Form**.

Veterinarian Signature: _____ **Date:** _____

(Please see reverse form and complete test request(s). Separate form required for each animal species and premise ID.)

ACCESSION REPORT
(Complete front and back of form)

HISTOPATH

CLINICAL PATHOLOGY and PATHOLOGY

Neoplasm: size _____ x _____ x _____ cm

Shape _____

Attachment _____

Gross Appearance _____

Consistency _____

Color _____

Duration _____


Rate of Development _____

Location of Other Tumors _____


History of Recurrence _____

Complete history required on front of form.

Dorsal



Dorsal



- | | |
|---|---|
| <input type="checkbox"/> CBC | <input type="checkbox"/> Progesterone |
| <input type="checkbox"/> Electrolyte Panel | <input type="checkbox"/> T4 Total |
| <input type="checkbox"/> Kidney Panel | <input type="checkbox"/> T4 Free |
| <input type="checkbox"/> Liver Panel | <input type="checkbox"/> TSH |
| <input type="checkbox"/> Pancreatic Panel | <input type="checkbox"/> Phenobarbital |
| <input type="checkbox"/> Pre-Op Panel | <input type="checkbox"/> Cytology |
| <input type="checkbox"/> Total Panel | <input type="checkbox"/> Fecal Exam |
| <input type="checkbox"/> Vitreous Panel | <input type="checkbox"/> Cryptosporidia Stain |
| <input type="checkbox"/> Fructosamine | <input type="checkbox"/> Fluid Analysis |
| <input type="checkbox"/> Somatic Cell Count | <input type="checkbox"/> Stone Analysis |
| <input type="checkbox"/> Cortisol Baseline (1 Sample) | <input type="checkbox"/> Urinalysis |
| <input type="checkbox"/> Cortisol ACTH (2 Samples) | <input type="checkbox"/> TLI |
| <input type="checkbox"/> Cortisol DEX Lo (3 Samples) | <input type="checkbox"/> Bile Acids |
| <input type="checkbox"/> Cortisol DEX Hi (3 Samples) | <input type="checkbox"/> Other _____ |

SEROLOGY and VIROLOGY

BOVINE

- Anaplasmosis
- Blackleg
- Bluetongue
- BLV
- BRSV
- Brucellosis
- BVD Serology
- BVD ELISA
- Corona
- IVR
- Johne's Serology
- Leptospirosis
- Pl₃
- Rotavirus
- Salmonella
- Other _____

PORCINE

- Brucellosis
- Circovirus
- Influenza
- Leptospirosis
- Porcine Parvo Virus
- PRRS
- Pseudorabies
- Rotavirus
- TGE
- Other _____

EQUINE

- Brucellosis
- EIA
- EVA
- Influenza A¹, A²
- Leptospirosis
- Rhinopneumonitis
- VS
- Other _____

CAPRINE/OVINE

- Brucellosis
- CAEV/OPP
- Leptospirosis
- Other _____

CANINE/FELINE

- Brucella canis
- Blastomycosis
- Histoplasmosis
- Coombs (Canine)
- Canine Distemper FA
- FIP
- FeLV
- FIV/FTLV
- Heartworms
- Lyme
- RMSF
- Toxoplasmosis
- Other _____

BACTERIOLOGY and MOLECULAR DIAGNOSTICS

- | | | |
|--|--|--|
| <input type="checkbox"/> Routine Culture | <input type="checkbox"/> Mycoplasma | <input type="checkbox"/> Bulk Tank Milk |
| <input type="checkbox"/> Sensitivity | <input type="checkbox"/> DNA | <input type="checkbox"/> Save for Bacterin |
| <input type="checkbox"/> Anaerobic | <input type="checkbox"/> Johne's Culture | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mycology | <input type="checkbox"/> Milk Culture | |

TOXICOLOGY

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Nitrates | <input type="checkbox"/> Heavy Metals/Trace Elements | <input type="checkbox"/> Rodenticides |
| <input type="checkbox"/> Copper | <input type="checkbox"/> Insecticides | <input type="checkbox"/> Water Screen |
| <input type="checkbox"/> Selenium | <input type="checkbox"/> Ethylene Glycol | <input type="checkbox"/> Ionophores |
| <input type="checkbox"/> GC/MS-Known Substance | <input type="checkbox"/> Mycotoxin | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> GC/MS-Unknown Substance | <input type="checkbox"/> Plant Toxicant | |