



Laboratory Requisition

Copy 1 – email to MAEC

Copy 2 - Client

Date _____

Patients will be triaged accordingly upon presentation at MAEC

Please have this form with you when you arrive at MAEC

Referring DVM _____ Clinic _____
(PRINT) Clinic Email _____

Owner Name _____ Address _____
Phone _____
Email _____

Patient Name _____ Species _____ Breed _____
Age _____ Sex _____ Neutered/spayed Y / N

Lab Tests Requested (check all that apply)

- CBC - EDTA
- CBC + differential - EDTA
- 6 Pack Dri Chem (TP, ALP, GLU, GPT/ALT, CRE, BUN) – Lithium Heparin
- 12 Pack Dri Chem (TP, ALB, ALP, GLU, TBIL, IP, TCHO, GGT, GPT/ALT, Ca, CRE, BUN)
– Lithium Heparin, Minimum 1 ml sample size
- 17 Pack Dri Chem (12 Pack + v-LIP, v-AMY, Mg, TG, GOT/AST, Na-K-Cl)
– 1.5 mls sample in Lithium Heparin required
- Kidney Panel (ALB, TP, CRE, IP, BUN, Ca) – Lithium Heparin
- Liver Panel (ALB, TP, CRE, IP, BUN, Ca) – Lithium Heparin
- Electrolytes (Na, K, Cl) – Lithium Heparin
- EPOC (pH, pCO₂, PO₂, TCO₂, HCT, Na⁺, K⁺, iCa⁺⁺, CL⁻, Glu, LOC, CREA, BUN)
– Whole blood in Lithium Heparin, must be run within 30 mins of sampling, ***Prefer to collect at MAEC**
- Cortisol - Serum
- T4– Serum or Heparinized Plasma
- TSH – Serum or Heparinized Plasma
- PT/aPTT- Sodium Citrate 3.2% *NO ALCOHOL on Venipuncture site,
– 22G needle or larger
– must be run within 2 hrs of sample being collected, ***prefer to collect at MAEC**
- PCV
- Ammonia (NH₃-P) – Heparinized plasma, 30 ml sample required, must be run within 30 mins, ***Prefer to collect at MAEC**

Comments:

Referring DVM _____
(SIGN)

*Lab testing will be billed to regular veterinarian/clinic under clients’ name.

**Results will be emailed to regular veterinarian within 1-4 hours of receiving sample. It is the regular veterinarians’ responsibility to communicate results to client.

***Email to maec97@gmail.com