



CHEMISTRY SUBMISSION FORM

Clinical Pathology Laboratory
 Veterinary Medical Teaching Hospital
 University of Wisconsin-Madison
 2015 Linden Drive, Room 2825 North
 Madison, WI 53706

Phone: 608-263-9934
 Hours: M-F 8:00 am-5:00 pm CST
 clinpathlab@vetmed.wisc.edu

Print Form

CONTACT INFORMATION-Clinic/Veterinarian		PATIENT INFORMATION			
Clinic Name:		Owner:			
UW Veterinary Care Account #:		(last)		(first)	
Address:		Animal:			
City, State, Zip:		(Name/ID)			
Phone:		Species:			
Email:		Breed:			
		DOB:	Sex:	F	FS M MC
Veterinarian:					
Phone:					
Email:					

ANIMAL/SAMPLE INFORMATION (Use for multiple sample submissions)

Species:	Breed:			
Animal/Specimen IDS:	DOB	Sex	DOB	Sex
1.			5.	
2.			6.	
3.			7.	
4.			8.	

*If specimens exceed available slots please submit an excel sheet to the lab email: clinpathlab@vetmed.wisc.edu

SPECIMEN INFORMATION

Collection Date:	Time:	Routine	ASAP	STAT
Specimen type:				

TESTS

- Electrolytes
- LA Profile without Lytes
- Urine Protein Creatinine Ratio
- SA Profile w Lytes
- SA Profile without Lytes
- Other:
- Anesthesia Profile
- Liver Profile
- Renal Profile