



IMMUNOLOGY SUBMISSION FORM

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:				
Fax:	Breed:				
Email:	Age:	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

Antiglobulin (Coombs) Test	Occult Heartworm (Antigen)
Llama IgG	Other:
IgG Quantification by RID (Bovine, Equine)	

Crossmatch includes 1-3 donors submitted with patient

Feline Crossmatch	Canine Crossmatch
with blood typing	
without blood typing	List Donors: