

## Toxicology Testing Submission Form

IN-PATIENT                      Clinician: \_\_\_\_\_  
 OUTREACH- PMM/EFS              Student: \_\_\_\_\_

Animal Name/Number
Owner Name
Address
Species
Breed
Sex
Birth Date

Reason for submission (History/Clinical signs/Laboratory results/herd information)	Current treatment(s) (List drug, dosages and times for each medication):

Sample Collection Date/Time:	<small>LAB USE ONLY</small>	VITALS Case ID#:	TOX Case #:
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**SPECIMEN REQUIREMENT CODES**

R: Red-top tubes, SST: Serum separator, G: Green-top Lithium Heparin Tube, P: Purple top ETA Tube, RB: Royal blue tube

TOXICOLOGY TESTS		
<b>Aflatoxins</b> <input type="checkbox"/> Corn <input type="checkbox"/> Mixed Feed <input type="checkbox"/> Other:	<b>Metals &amp; Minerals screen (ICP-MS)</b> <input type="checkbox"/> Whole blood (P, G) <input type="checkbox"/> Liver <input type="checkbox"/> Serum (R, SST) <input type="checkbox"/> Plasma (P, G) <input type="checkbox"/> Feed <input type="checkbox"/> Other: <i>Panel: As, Ca, Cd, Cu, Fe, Mg, Mo, Na, P, Pb, Se, Zn.</i>	<b>Vitamin E</b> <input type="checkbox"/> Serum (R, SST) <input type="checkbox"/> Liver <input type="checkbox"/> Feed <input type="checkbox"/> Other: <i>Refrigerate, protect from light</i>
<b>Anticoagulants screen</b> <input type="checkbox"/> Plasma (P, G) <input type="checkbox"/> Liver <input type="checkbox"/> Bait <input type="checkbox"/> Other: <i>Panel: Brodifacoum, Bromadiolone, Chlorphacinone, Dicoumarol, Difenacoum, Difethialone, Diphacinone</i>	<b>Nitrates</b> <input type="checkbox"/> Ocular fluid <input type="checkbox"/> Serum <input type="checkbox"/> Water <input type="checkbox"/> Feed	<b>Vomitoxin (DON)</b> <input type="checkbox"/> Corn <input type="checkbox"/> Silage
<b>Barbiturates</b> <input type="checkbox"/> Serum (R, SST) <input type="checkbox"/> Plasma (P, G) <input type="checkbox"/> Liver <input type="checkbox"/> Other:	<b>Pesticides screen</b> <input type="checkbox"/> Stomach content <input type="checkbox"/> Liver <input type="checkbox"/> Other:	<b>Other analysis:</b> Specimen:
<b>Carbamates</b> <input type="checkbox"/> Stomach content <input type="checkbox"/> Liver <input type="checkbox"/> Other:	<b>Vitamin A</b> <input type="checkbox"/> Serum (R, SST) <input type="checkbox"/> Liver <input type="checkbox"/> Feed <input type="checkbox"/> Other: <i>Refrigerate, protect from light</i>	<b>Contact the laboratory for specific test analysis questions @ 540-231-4835</b>