



# Clinical Immunology / Flow Cytometry Submission Form

KANSAS STATE VETERINARY DIAGNOSTIC LABORATORY

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Reserved for  
Accession Number

Acct # _____ Internal Ref # _____ <b>Veterinarian</b> _____ Clinic Name _____ Address _____ City _____ State ____ Zip _____ Phone Number _____ Fax Number _____ Email _____	Owner _____ Farm Name _____ Premise ID _____ Address _____ City _____ State ____ Zip _____ Phone Number _____ Cell Number _____
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**Animal/Specimen Information**    **Species:** \_\_\_\_\_    **Breed:** \_\_\_\_\_  
 Sex Codes: M = Male   MC = Castrated Male   F = Female   FS = Spayed Female    Age Codes: Y=Years   M = Months   W = Weeks   D = Days

Animal ID #	Sex	Age	Wt	Date and Time of Blood Draw

**History:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please Check Ordered Test**

<input checked="" type="checkbox"/>	Test	Sample Requirement
<input type="checkbox"/>	<a href="#">PSAIgG - Platelet Surface Antibody</a>	2-3 mL EDTA blood
<input type="checkbox"/>	<a href="#">RBCsIgG - RBC Surface Antibody</a>	2-3 mL EDTA blood
<input type="checkbox"/>	<a href="#">Antibody to Penicillin - In cases of IMHA</a>	1-2 mL serum
<input type="checkbox"/>	<a href="#">ANA - Anti-Nuclear Antibody</a>	1-2 mL serum
<input type="checkbox"/>	<a href="#">RF - Rheumatoid Factor</a>	1-2 mL serum
<input type="checkbox"/>	<a href="#">Immunophenotyping of Blood/ Bone Marrow</a>	1-3 mL EDTA blood
<input type="checkbox"/>	<a href="#">Immunophenotyping of Lymph Node</a>	Minimum 2 or 3 needle biopsies in 1 mL of saline
<input type="checkbox"/>	<a href="#">Immunophenotyping on Fluids (CSF, Peritoneal &amp; Pleural)</a>	Minimum of 1 ml fluid collected in EDTA- anticoagulant
<input type="checkbox"/>	<a href="#">Immunoflourescent Antibody on Bone Marrow</a>	Minimum 2 slides
<input type="checkbox"/>	<a href="#">Quantitation of IgM by Radial Immunodiffusion</a>	1-2 ml of serum or 1-2 ml colostrum
<input type="checkbox"/>	<a href="#">Quantitation if IgG by Radial Immunodiffusion</a>	1-2 ml of serum or 1-2 ml colostrum
<input type="checkbox"/>	<a href="#">Immunoglobulin quantitation panel (IgM and IgG)</a>	1-2 ml of serum or 1-2 ml colostrum
<input type="checkbox"/>	<a href="#">Canine RBCs Antibody/ANA/RF Panel</a>	1-2 ml Serum for ANA/RF, 1-2ml Whole blood in EDTA for RBC

**Complete form and print. Send form and patient's sample on cold packs overnight. We must receive PSAIgG samples within 24 hours of being drawn.** Results will be sent via fax and mail.

<b>LAB USE ONLY</b> OPENED BY _____ <input type="checkbox"/> DHL <input type="checkbox"/> Mail <input type="checkbox"/> Courier <input type="checkbox"/> UPS <input type="checkbox"/> FEDX <input type="checkbox"/> Exp Mail <input type="checkbox"/> Hand Deliver	<b>COURIER RECORD</b> <input type="checkbox"/> DHL <input type="checkbox"/> Mail <input type="checkbox"/> Courier <input type="checkbox"/> UPS <input type="checkbox"/> FEDX <input type="checkbox"/> Exp Mail <input type="checkbox"/> Hand Deliver	<b>COOLANT RECORD</b> <input type="checkbox"/> Frozen <input type="checkbox"/> Dry Ice <input type="checkbox"/> Cold Pack <input type="checkbox"/> None <input type="checkbox"/> Comment _____	<b>SAMPLE CONDITION</b> <input type="checkbox"/> Good <input type="checkbox"/> Broken <input type="checkbox"/> Leaked <input type="checkbox"/> Crushed <input type="checkbox"/> Other _____ <input type="checkbox"/> Sample Split
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This submission form is a legal binding contract between KSVDL and the submitter. All fees incurred are the responsibility of the submitter. A 1.5% finance charge will be assessed on all charges over 30 days.