



# VETERINARY LAB REQUISITION

3910 Washington Parkway, Suite B  
Idaho Falls, ID 83404  
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2001 S Woodruff Ave. Ste 15B  
Idaho Falls, ID 83404  
Ph: 208.529.8330 Fax: 208.523.3318

444 Hospital Way, Ste. 611  
Pocatello, ID 83201  
Ph: 208.529.8330 Fax: 208.232.0755

101 E Main Street  
Rexburg, ID 83440  
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Panels	
Electrolyte Panel	
Basic Metabolic	
Comprehensive Metabolic	
Lipid Panel	
Hepatic Panel	
Renal Panel	
CBC w/Auto Diff	
Individual Tests	
COGGINS Testing - Equine	
Cortisol	
Progesterone	
TSH	
Phenobarbital (Vet)	
Wound/Bacterial Culture	
T3, Free	
T4, Free	
T4, Total (Thyroxin)	
Urine Dip	

Individual Tests Cont.	
Urine Culture	
Urine Microscopic	
Additional Tests	

## PATIENT INFORMATION

Patient name: \_\_\_\_\_

Owners name: \_\_\_\_\_

\_\_\_\_\_

Species: \_\_\_\_\_

Sex:  Male  Female Approx DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

## VETERINARY FACILITY INFORMATION

Referring Facility: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Doctor: \_\_\_\_\_

Email: \_\_\_\_\_