

VETERINARIAN LABORATORY REQUISITION

UI Diagnostic Laboratories
Department of Pathology
200 Hawkins Drive, 5231 RCP
Iowa City, Iowa 52242
Toll Free: 866-844-2522
Local: 319-384-7212
Client Services Fax: 319-384-7213
Billing Fax: 319-356-0729

FOR CLIENT USE ONLY: Requisition Date:	FOR UIDL USE ONLY: UIDL Accn #
Completed By: _____	Accn# _____
UIDL MRN# _____	

PART A – PATIENT INFORMATION – <i>Required</i>	PART B – PROVIDER INFORMATION – <i>Required</i>
Case Name: _____	Clinic: _____
Street: _____	Address: _____
City: _____ St: _____ Zip: _____	City: _____ St: _____ Zip: _____
Phone: _____	Phone: _____ Fax: _____
Date of Birth: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Referring Veterinarian: _____

CLIENT INFORMATION FOR RESULTS:	
Contact Name: _____	Contact Phone: _____

PART C - SPECIMEN INFORMATION – <i>Required</i>
Date Collected: ____/____/____ Time: _____
Specimen Type: <input checked="" type="checkbox"/> Plasma

TEST REQUESTED: <input checked="" type="checkbox"/> Ethylene Glycol, Vet (Lab7998)
Please include or attach any additional information such as specimen specifics or pertinent clinical history.

Refer to the UIDL Test Directory website: https://www.healthcare.uiowa.edu/path_handbook/rindex.html
for specimen requirements and CPT Code information.

PART D – SEND BILL TO:
<input checked="" type="checkbox"/> Referring Institution [at address in Part B]

The purpose of this form is to obtain information necessary for UIDL Pathology Department to perform consultations and/or testing. Failure to properly complete the form may cause delay in the processing of specimens.

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