



Oakdale
1163 Helmo Ave. N
Oakdale, MN 55128
p: (651) 501-3766
f: (651) 501-3763

St. Paul
1542 W. 7th St
St. Paul, MN 55102
p: (651) 293-1800
f: (651) 291-1337

Clinic Name:
Contact Name:
Your phone, fax number or email:
Circle clinic location: St. Paul or Oakdale

SNAP Tests (please check box and put count on line)

- 4DX _____ FeLV/FIV _____ cPL _____ fPL _____ Giardia _____ Parvo _____ Cortisol _____ (serum)
 Feline ProBNP _____ (serum or EDTA plasma) Total T4 catalyst slide _____ (serum or lithium heparin plasma)

Blood Product/Lab Order:

Sample Submission:

- **CBC:** 2ml Purple Top Tube (EDTA)
- **Chemistry:** 2ml Green Top Tube (Lithium Heparin) plasma or serum
- **PT or aPTT:** 2ml Blue Top Tube (Citrate)
- Label tube with patient's name and last name
- Place tube in Ziploc bag
- Label Ziploc bag with patient's name, patient's species, last name, and clinic
- Paperclip this order form to Ziploc bag

Patient's Name:
Patient's Species:
Client's Name:
Sample Drawn Date/Time:

Test Choice- please check the applicable box:

- Automated CBC (Procyte Only) Full CBC with Morphology
 General Health Profile w/Electrolytes Pre-anesthetic Profile w/Electrolytes
 PT Clotting Time aPTT Clotting Time

***Please Note: all lab tests listed above have a turnaround time within 2 hours, except the full CBC which is within 10 hours. If rush service is needed, please call in advance.**

Other (Description): _____

AERC Staff Use Only

Initials of person taking order: Client/Patient into Impromed/#:

Date of Pickup/Drop-off/Fax Rec'd: Time:

Tests entered into Impromed under Client (init.):

Do not conclude invoice. (SNAP tests are DX9997 under OFF- Snap Test Purchase by Referring Clinic, select bundle then choose count):

Test Complete (init.): Results Faxed/Emailed (init.):

Please place this form in Management locker.

Finance Department Only

Invoice Sent to rDVM (init.): Finance Admin Initials: