

# Pathology Services

## Clinical Samples Inventory Form



T: 1-800-544-5205, menu Opt. 2 F: 916-372-2783  
 Email: preclinicalresearch@idexx.com

<b>Instructions: Please type or print clearly using blue or black ink.</b>						<b>Form A, Page 1 of _____</b>		
<i>Please Do Not alter this form, doing so may delay processing of your samples.</i>						(use form B for additional samples)		
1. Complete all information requested below. 2. Enter each animal ID on a separate line. 3. Minimum specimen label requirements: Study ID, Animal #, species, and collection date.								
<b>Please Note: Incomplete information may delay processing.</b>								
Account Name:				Account #:			Study ID:	
Contact Person:				Phone #:			Fax:	
Study Director:				Phone #:			Fax:	
PO # (optional):				After hours phone #:				
<b>To receive results in Excel format please enter e-mail:</b>								
<b>Hematology Slide Return:</b>				<input type="checkbox"/> YES <input type="checkbox"/> NO		<i>*Note: If no preference is marked, slides will be destroyed after 3 weeks</i>		
Species:				Breed:			# of Animals:	
<b>IDEXX Use Only</b> <small>Accession #</small>	<b>Group ID</b> <small>(Optional)</small>	<b>Animal ID</b> <small>(Required)</small>	<b>Age</b> <small>(opt)</small> W, M, Y	<b>Sex</b> <small>(opt)</small>	<b>Collection Date</b> <small>(month/date/year)</small> <b>(Required)</b>	<b>Test Codes</b> <b>(Required)</b>		
<i>For Lab Use Only 1</i>								
<i>For Lab Use Only 2</i>								
<i>For Lab Use Only 3</i>								
<i>For Lab Use Only 4</i>								
<i>For Lab Use Only 5</i>								
<b>Ok to dilute short samples:*</b>				YES <input type="checkbox"/> NO <input type="checkbox"/>		(*Note electrolytes cannot be run on diluted samples.)		
<b>List Chemistry analyte priorities</b> (depending on tests ordered and specimen volume received, not all analytes may be able to be run on short samples even with dilution):								
<b>Comments/Special Instructions (optional):</b>								
<b># of samples enclosed:</b>				SST:			Fluid Source:	
Serum:				LFT:			Swab Source:	
Plasma:				Urine:			Other:	
<b>IDEXX BioResearch USE ONLY</b>								
<b>Send Out tests requested:</b> YES    NO								
<b>Samples received (Quantity, Type, Temperature, Condition):</b>								
<b>Comments:*</b>								
<b>Inventoried by (date, time, initials):</b>				<b>Data entry by (date, time, initials):</b>				
*All comments/footnotes are by the individual performing inventory unless otherwise indicated.								

**Important:** Use Clinical Samples Inventory "Form A" as your first page.

Use "Form B" for additional pages as needed.

*Please Note: Incomplete information may delay processing.*

Account Name:		Account #:		Study ID:	
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IDEXX Use Only Accession #	Group ID (Optional)	Animal ID (Required)	Age (opt)	Sex (opt)	Collection Date (month/date/year) (Required)	Test Codes (Required)
<i>For Lab Use Only 1</i>						
<i>For Lab Use Only 2</i>						
<i>For Lab Use Only 3</i>						
<i>For Lab Use Only 4</i>						
<i>For Lab Use Only 5</i>						
<i>For Lab Use Only 6</i>						
<i>For Lab Use Only 7</i>						
<i>For Lab Use Only 8</i>						
<i>For Lab Use Only 9</i>						
<i>For Lab Use Only 10</i>						

***IDEXX BioResearch USE ONLY***

**Comments:\***

**Inventoried by (date, time, initials):**

**Data entry by (date, time, initials):**

*\*All comments/footnotes are by the individual performing inventory unless otherwise indicated.*