

Urine Specimen Submission

ORDERING FACILITY			
Facility Name:			
Address:			
City:		State:	Zip:
Contact Submitting Sample:	Phone number:	Email for Receiving Results:	
PATIENT INFORMATION			
Pet Name:	Date of Birth:	Species:	
Ordering Veterinarian:	Specimen Collection Date:	Specimen Storage:	
SPECIMEN DATA			
Disease signs:	<input type="checkbox"/> Pulmonary <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Skin lesion <input type="checkbox"/> Dissemination (organ/CNS involvement) <input type="checkbox"/> Sino-nasal <input type="checkbox"/> Sino-orbital		
Treatment status:	<input type="checkbox"/> Untreated <input type="checkbox"/> Treatment ≤ 3 months <input type="checkbox"/> Treatment > 3 months		
Fungal pathogen:	<input type="checkbox"/> <i>Blastomyces</i> <input type="checkbox"/> <i>Histoplasma</i> <input type="checkbox"/> <i>Aspergillus</i> <input type="checkbox"/> <i>Cryptococcus</i> <input type="checkbox"/> Unsure		
Pathogen was confirmed by:	<input type="checkbox"/> Culture <input type="checkbox"/> Histopathology/Cytology <input type="checkbox"/> Radiography <input type="checkbox"/> Antibody testing (immunodiffusion/complement fixation) <input type="checkbox"/> Antigen testing (EIA/agglutination) <input type="checkbox"/> Unconfirmed <input type="checkbox"/> Other: _____		
Comments:			

Please provide at minimum 2 ml of sample
Please call 252-412-3421 for sample pickup