



441 Reinert Drive, Springdale, AR 72764
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LAB NUMBER _____
MICROBIOLOGY REQUEST FORM

Date Received: _____	Vet / Clinic: _____
Date Specimen/Sample Collected: _____	Species: Bovine Canine Equine Feline Poultry Other
Time Collected: _____	Condition: _____
Name: _____	
Owner/Address: _____	

IMPORTANT: ALWAYS INDICATE SPECIMEN / SAMPLE SOURCE

#	TEST NAME	SOURCE
WL2040	<input type="checkbox"/> ANAEROBIC CULTURE	
WL2120	<input type="checkbox"/> GRAM STAIN	
WL2180	<input type="checkbox"/> ROUTINE CULTURE	
WL2100	<input type="checkbox"/> FUNGUS CULTURE	
WL2220	<input type="checkbox"/> STOOL CULTURE	
WL2240	<input type="checkbox"/> URINE CULTURE	
WL2310	<input type="checkbox"/> BRUCELLS CANIS	
PCR600	<input type="checkbox"/> TRITRICHOMONAS FOETUS PCR	
	<input type="checkbox"/> OTHER	

SPACE FOR LABORATORY USE ONLY