STONE SAMPLE SUBMISSION FORM
G.V. Ling Urinary Stone Analysis Laboratory

If you prefer to submit this information online, please visit our website:
http://www.vetmed.ucdavis.edu/usal/index.cfm and then go to Services for Veterinarians link
for more detail regarding online submission. A blank form can also be downloaded from the site.

Mailing Address
G.V. Ling Urinary Stone Analysis Laboratory
2108 Tupper Hall
School of Veterinary Medicine Phone: (530) 752-3228
University of California Fax: (530) 752-0171
Davis, CA 95616-8737 E-mail: stonelab@ucdavis.edu

Fill out the form completely (Q1 through Q9) and send with stones to the mailing address shown above.

Q1. Diagnostic you request (Check either one)
If not checked, only crystallographic analysis will be done.
( ___ ) Crystallographic Analysis ($75.00, effective on 8/1/13)
( ___ ) Crystallographic Analysis with Bacterial Culture ($140.00, effective on 8/1/13)

Q2. Referring Veterinarian
Doctor’s Name:
Hospital Name:
Street Address / City:
State / Zip: Phone:

How would you like to receive “Analysis Report”? (Check either one)
( ___ ) Fax ⇒ Number:
( ___ ) PDF files via E-mail ⇒ E-mail Address:

Q3. Patient Information
Owner’s Name: Patient Name:

Breed (Specify for appropriate species):
Canine ⇒ ( ___ ) Mix; Other:
Feline ⇒ ( ___ ) DSH; ( ___ ) DMH; ( ___ ) DLH; Other:
Other (Specify species and, if possible, breed):

Gender: ( ___ ) M; ( ___ ) F
( ___ ) MC; ( ___ ) FS

Birth Year: (yyyy) Weight: ( ___ ) kg ( ___ ) lbs

Q4. Collection Method (Check one)
( ___ ) Surgery
( ___ ) Voiding urohydropropulsion
( ___ ) Voided Spontaneously
( ___ ) Laser Lithotripsy
( ___ ) Other (Specify):

Q5. Location of Urolith (Check all that apply)
( ___ ) R-kidney ( ___ ) L-kidney
( ___ ) R-ureter ( ___ ) L-ureter
( ___ ) Bladder ( ___ ) Urethra
( ___ ) Urine ( ___ ) Urethral Plug
( ___ ) Other (Specify):

Q6. Has this patient had previous calculi?
( ___ ) No or Not-known
( ___ ) Yes ⇒ Composition & when:

Q7. Has the urine been cultured?
( ___ ) Yes ⇒ Date / / 
( ___ ) No
If yes, what are the results?
( ___ ) Still pending
( ___ ) Negative
( ___ ) Positive ⇒ Type of bacteria isolated:

Q8. Current Medications:
Drug (example: Allopurinol) / Dose (example: 15mg/kg BID) / Duration (example: 3 months)
1. 
2. 
3. 

Q9. Diet:
Brand, Type etc.

Canned or Dry Duration pet has been fed diet
1. ( ___ ) Canned ( ___ ) Dry
2. ( ___ ) Canned ( ___ ) Dry
3. ( ___ ) Canned ( ___ ) Dry

We sincerely appreciate your support of our laboratory. These data are used to help provide updated management protocols. If you have any questions or request, do not hesitate to contact us (Last Update: 07/10/2013). [ _____ ] Check here if you need more mailers.