STONE SAMPLE SUBMISSION FORM

G.V. Ling Urinary Stone Analysis Laboratory

This form is designed for Submission from VMTH

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.

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Fill out the form completely (Q1 thru. Q9) and submit with stones to Central Lab Receiving in VMTH.

Q1. Diagnostic you request (Check either one)
   If not checked, only crystallographic analysis will be done.
   (___) Crystallographic Analysis
   (___) Crystallographic Analysis with Bacterial Culture

Q2. Veterinarian in charge of this case at VMTH

   Doctor’s Name:
   E-mail address (domain is given at right): @ucdavis.edu
   Analysis report will be e-mailed to the vet in addition to being posted on VMACS.

Q3. Patient Information

   PASTE LABEL HERE then skip to “Weight”
   If no label available, Provide patient #: (       --       --       ) and complete Q3 section below

   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
   (___) Necropsy ⇒ N#: ________________________________
   (___) 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: 07/02/2013]