



441 Reinert Drive  
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LAB NUMBER \_\_\_\_\_  
 MICROBIOLOGY REQUEST FORM

Date Received: \_\_\_\_\_ Account Name: \_\_\_\_\_  
 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	#	TEST NAME	SOURCE
WL2040	<input type="checkbox"/> ANAEROBIC CULTURE _____		WL2180	<input type="checkbox"/> ROUTINE CULTURE _____	
WL2160	<input type="checkbox"/> OVA & PARASITES _____		WL2100	<input type="checkbox"/> FUNGUS CULTURE _____	
WL2120	<input type="checkbox"/> GRAM STAIN _____		WL2220	<input type="checkbox"/> STOOL CULTURE _____	
WL3020	<input type="checkbox"/> WATER CULTURE _____ (Fecal Coliform count)		WL2240	<input type="checkbox"/> URINE CULTURE _____	
WL3040	<input type="checkbox"/> WATER CULTURE _____ (Fecal Streptococcus)		WL2480	<input type="checkbox"/> OCCULT HEARTWORM _____	
WL3060	<input type="checkbox"/> WATER CULTURE _____ (Total Bacterial Count/Heterotrophic Count)		WL2300	<input type="checkbox"/> Brucella canis	
WL2260	<input type="checkbox"/> WATER CULTURE _____ (Total Coliform count)		WL2400	<input type="checkbox"/> FeLV	
	<input type="checkbox"/> OTHER _____		PCR600	<input type="checkbox"/> Tritrichomonas foetus PCR	

**SPACE FOR LABORATORY USE ONLY**