

# MICROBIOLOGY

## MICRIM LABS, INC.

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# PATHOLOGY

Date: \_\_\_\_\_

INSTITUTION	Patient's Last Name		First
	Veterinarian		
	Street Address		
	City	State	Zip Code
PHONE No.			
Culture & Sensitivity <input type="checkbox"/>	Other: <input type="checkbox"/>	SOURCE OF CULTURE	
Fungal Culture <input type="checkbox"/>	Other: <input type="checkbox"/>		
Mycoplasma Culture <input type="checkbox"/>	Remarks & History		
Blood Culture <input type="checkbox"/>			
Gram Stain <input type="checkbox"/>			

### Pathology Service:

Breed: \_\_\_\_\_ Species: \_\_\_\_\_  
ID#: \_\_\_\_\_

Slides(s) / Fluid / Formalin

Number of Specimens: \_\_\_\_\_

Sex: M / F / MN / FS

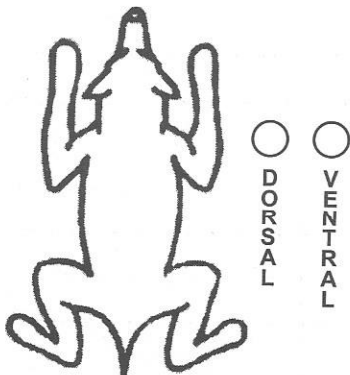
Age: \_\_\_\_\_

Histopathology (1-2 samples \$67.00, 3-4 samples \$78.00), Source: \_\_\_\_\_

Cytology (\$38.00), Source: \_\_\_\_\_

Fluid Analysis (\$12.00), Source: (Specific gravity, protein, PCV, Mucin Clot Evaluation)

Dermopathology Specialist (\$96.00), Source: \_\_\_\_\_



Clinical History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_