

SUPERLIVER TEST REQUEST FORM



PATIENT INFO

SPECIES: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Horse <input type="checkbox"/> Other (specify):	SEX: <input type="checkbox"/> Female <input type="checkbox"/> FS <input type="checkbox"/> Male <input type="checkbox"/> MC	DATE: _____ ANTECH ACCOUNT #: _____ EMAIL ADDRESS: _____ PATIENT NAME: _____ AGE: _____
BREED: _____		

Surgical Excision (Circle One): Wedge Punch Laparoscopic Cup Needle/Tru-Cut
 Number of Biopsies: _____ Number of Lobes Sampled: _____ (Label Specimen Cassettes or Jars)
 Previous Accession Numbers: _____

Clinical History (HEMATOLOGIC FINDINGS, DATE ELEVATED LIVER ENZYMES FIRST NOTED, TRENDS IN VALUES OVER TIME):
DO NOT SEND COPIES OF THE PATIENT'S MEDICAL RECORD

Summary of Ancillary Tests (AMMONIA, BILE ACIDS, PROTEIN C ACTIVITY ASSAY, DIAGNOSTIC IMAGING):

Current Treatment:

Diet (LOW COPPER, LOW PURINE, ETC.): _____

Supplements: _____

Medications (CIRCLE ALL THAT APPLY, PROVIDE DOSE, DURATION, RESPONSE):

Immunosuppressants: Prednisone Atopica Mycophenolate

Neutraceuticals: Vit E Vit B6 Polyunsaturated Phosphatidylcholine Denosyl/Denamarin

Chelators: Penicillamine Zinc

Other (e.g. Lactulose): _____

SPECIMEN PROCESSING - LAB USE ONLY

Number of Containers _____ Number of Cassettes _____ Technician _____

Container #	Bottle Label	Piece(s)	Section(s)	Cassette #	Notes