



MICROBIOLOGY Laboratory Submission Form

Microbiology Laboratory VMC Room 0047
601 Vernon L. Tharp Street, Columbus, OH 43210
Phone: 614-292-7956 Fax: 614-292-4688

Veterinarian: _____

Clinic/Hospital: _____

Address: _____

Phone: _____ Email: _____

Date shipped: _____

Signature: _____

Report results by Email Fax _____

Owner (Last, First): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

**If shipping for Saturday delivery, please call OSU VMC
Microbiology Lab at: 614-292-7956**

Complete fee schedule and shipping information is available at:
<https://vet.osu.edu/vmc/companion/our-services/microbiology>

History: _____

List all current antibiotics (last 72 hours): _____

Animal Identification

Name/Identifier #: _____

Species: Canine Feline Equine Bovine Ovine Caprine Camelid Avian Other: _____

Breed: _____ Age: _____ Sex: Male Female Male/castrated Female/spayed Unknown

Specimen type: _____ Date and time collected: _____

Test requested: _____

Additional comments: _____
