

## Stone Sample Submission Form G.V. Ling Urinary Stone Analysis Laboratory

**Sample Requirements:** Place clean dry uroliths in a labeled, non-breakable container. Do not send in formalin or any liquid. **Shipping:** Ship FedEx or UPS Monday-Thursday only for overnight delivery to the address below.

UC Davis VMTH, Central Laboratory Receiving, Room 1033, 1 Garrod Dr, Davis, CA 95616

Phone: (530)752-VMTH (8684) Fax: (530)752-5055 Email: UCDVetClinicalLabs@ucdavis.edu

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Clinic name	Clinic Ad		ion				
Veterinarian Name							
Phone			Email				
	Patient	Informatio	on				
Patient Name/ID			Owner Name				
pecies	Sex F FS Date Altered	M	MC	Body Condition Score		e	
Breed	Birth Year				Weight		
	Stone I	nformatio	n				
Collection Method (select all that apply)  Laser Lithotripsy			Collection Date				
Surgery Voiding Urohydropropulsion							
Location of Stone (select all that apply)  Bladder Kidney			Number of Urolithiasis Episodes				
Ureter Spontaneously Voided			First Second Three or more				
History of UTI/bacteriuria?			lture Perfo	rmed?	Yes	No	
Yes No			If yes, what bacteria were isolated? (select all that apply)				
Pet receiving antimicrobials prior or			Staphylococcus spp. E. coli				
at the time urine was obtained?			Klebsiella spp. Pseudomonas sp				
Yes No			Enterococcus spp.  None  Other (specify below)				
	Dietary & Me	dication lı	nformat	ion			
Diet brand/type when stone removed?			canned	Duration?			
			dry				
Diet brand/type currently eating?			canned	Duration?			
			dry				
Medications/supplements?			Treats/human food?				