

The Academy of Veterinary Clinical Pathology Technicians

Pre-Analytic Sample Information (general patient and sample information)

Case: 1 2 3

AVCPT CASE LOG # _____

Name of Candidate Collecting and Testing Sample(s): _____

Sample Collection Date: ____ / ____ / ____ Collection Time: ____ am / pm

Species: _____ Breed: _____ Coat Color: _____

Sex Reproductive Status: Male Neutered Female Pregnant Spayed Intersex Unknown Other

Date of Birth: ____ / ____ / ____ Age: ____ Years ____ Months ____ Days Age / DOB Unknown

Weight: _____ lb / kg / gm (circle one) Body Condition Score: ____ out of ____

Diet:

Recent Weight Change: Gain Loss Unchanged

Change in Food Being Fed: Yes No

Change in Food Intake: Increased Decreased

Appetite Change for Certain Foodstuffs: Yes No

If Yes, Specify Foodstuff: _____

Feed Source: Shared Individual

Feeding Schedule (# of times / day): _____ Unknown

Fasted: Yes No Unknown

If Fasted, # of Hours: _____

Water Source (specify): _____

Water Availability: Free Choice Restricted

Candidate Name _____

Change in Water Intake: Increased Decreased Unknown "Housing" / Environment Type: _____

Physical Activity: _____

Total Number of Animals in the Household / Herd: _____ Types of Other Animals in Household / Herd: _____

Species Affected: _____ Number of Animals Affected: _____ Humans Affected: Yes No

Presenting Complaint: _____

Onset: Not Applicable Peracute Acute Chronic Duration: _____ Hrs _____ Days

Progress: Static Deteriorating Improving

Medications: List Below (spell out, include supplements): Unknown

Potential Effect of Medication(s) on Test Results: _____

Sample Collected: Pre-Medication Post-Medication Amount of Time Since Last Medication Administered: _____ hrs

Vaccination History (type(s) & last date(s) of administration): Unknown

Candidate Name _____

Potential Effect of Vaccine(s) on Test Results:

Anthelmintics (product(s) & last date(s) of administration): _____

Potential Effect of Anthelmintic(s) on Test Results: _____

Patient Temperature: _____ ° F Pulse _____ bpm Respirations: _____ / min Capillary Refill Time: _____ sec

Mucus Membrane Color: Pale Pink Red Icteric Cyanotic White Grey Unknown

Mucus Membrane Moistness: Dry Tacky Moist Unknown

Skin Turgor: _____ sec Eye Position: WNL Prominent Slightly Sunken Sunken Unknown

Fluids: IV SQ IO PO Unknown

Fluid Type: _____ Additives: _____ Amount: _____ ml _____ (time period)

Potential Effect of Fluid / Additive on Test Results: _____

Breath Odor: Uremic Ketoacidotic Not Applicable Unknown Other (Describe): _____

Other Clinical Observation(s):

Candidate Name _____

Sample Collection

Patient Excited: Yes No Unknown

Sedated: Yes No If Yes, Drugs or Medications Used: _____ Dose _____ ml

Potential Effect of the Sedative on Test Results:

Difficulties In / During Sample Collection (specify):

Labeling of Specimen

Patient ID: Yes No

Species: Yes No

Date: Yes No

Time of Collection: Yes No

Candidate Name _____

The Academy of Veterinary Clinical Pathology Technicians

Analytic and Post Sample Information (general information necessary for all specimens)

Case: 1 2 3

AVCPT CASE LOG # _____

Post Analytic Sample Information:

Data Entry and Reporting:

Data (ex: laboratory forms and logs, patient records, etc.) are reported in a timely manner based on the needs of the patient and specimen parameters in a standard format designated by the practice protocol: Yes No

Comments:

All data are legible and reported using an easily understood method: Yes No

Comments:

All changes to data include: preservation of the data changed, addition of new data, reason for change, date and time of change and initials of individual making the change: Yes No

Comments:

Results from problematic tests (ex: samples of questionable quality, results exhibiting clinically significant errors, etc.) are clearly defined, including a statement that the “results may be inaccurate and misleading” if needed: Yes No

Comments:

Candidate Name _____

All data are reviewed with the attending veterinarian and they are advised of problematic tests and results: Yes No
Comments:

Personnel, Tests, Facilities and Instrumentation:

A procedure manual is maintained, available and utilized in the clinical pathology process: Yes No
Comments:

All appropriate personal protective equipment (PPE) are utilized, checked and replaced as needed: Yes No
Comments:

Specimens and Tests:

Appropriate quality control procedures are performed and documented: Yes No
Comments:

Specimens, reagents and supplies are disposed of in an appropriate manner based on regulations, manufacturer's package insert and MSDS: Yes No
Comments:

Candidate Name _____

Instrumentation:

Upon completion of the testing procedures and on a prescribed schedule, instrumentation is checked to comply with manufacturer's stated performance characteristics. Appropriate maintenance, updating and calibration are performed.

Instrumentation records are maintained and updated: Yes No

Comments:

Facilities:

Upon completion of the testing procedures the laboratory space is cleaned and organized: Yes No

Comments:

Candidate Name _____