

BTA (Bladder Tumor Analytes) Test_Request form

Chart No.		Name of animal		Guardian Name	
Species	Canine / Feline	Breed		Sex	M / NM F / SF
Age		Date of sample collection		Date of test request	
Hospital	Name : Address : Tel No. : Email :				
Veterinarian	Name : Mobile phone : Email :				
Sample (v mark)	Place of urine collection <input type="checkbox"/> Hospital <input type="checkbox"/> Home	Urine collection time MM-DD HH:MM (am/pm)		Storage after urine collection <input type="checkbox"/> RT <input type="checkbox"/> REFRIG	

Current diagnosis	
Differential diagnosis	
History and clinical symptoms related to the lesion (v mark)	<input type="checkbox"/> Stranguria <input type="checkbox"/> Pollakiuria <input type="checkbox"/> Pyuria <input type="checkbox"/> Hematuria <input type="checkbox"/> Urinary tract infection
Administered drugs / treatment history	
Notes	Vet's comments :

Precautions when requesting test

1. You should request a naturally collected urine sample.
(The probability of a false positive is increased when using a catheter.)
2. Record the urine collection time to determine the elapsed time after urine collection.
3. Refrigerate the sample after receiving it at the hospital.

How to send sample

1. Seal the tube containing the sample, put it in a Styrofoam box containing an ice pack, pack it in a shipping box for refrigerated transportation, and send it by international mail (airmail).

* Preferred international mails are DHL, FedEx and EMS, and airmail should be used.

**Address: (05029) #417 PetOncoCare, College of Veterinary Medicine, Konkuk University,
120 Neungdong-ro, Gwangjin-gu, Seoul, Republic of Korea**

Precautions when requesting test (for guardian)

* As a guardian, I have listened to and fully understand the detailed explanation of the test, and agree to the use of test results and remaining samples for research purposes.

DD / MM / YYYY : _____

Guardian _____ (Signature)

Veterinarian _____ (Signature)



(주)펫온코케어
PetOncoCare
Lab for Veterinary Cancer Care