

Clinical Mentorship Site Facility Requirement Agreement

VM 22700

You must visit the Clinical Mentorship Site and determine if the following equipment and supplies are readily available for your use during the Clinical Mentorship. The Clinical Mentorship Site Facility Requirement Agreement form must be completed and signed. All boxes must be checked by the facility DVM to verify that each criteria is met. Each section must be initialed by the facility DVM.

Microscope and Related Supplies

NOTE: We highly recommend, if the microscope has not been professionally serviced within the last six (6) months and/or is in a questionable state of repair, that it be professionally serviced. Microscopes which are in a state of disrepair, out of adjustment, or dirty internally or externally will create difficulties for the student in providing accurate results.

- Binocular
- 10X oculars
- Objectives:
 - 10X (low power)
 - 40-50X (high dry)
 - 100X (oil immersion)
- Mechanical stage
- Functional and properly aligned condenser and diaphragm
- Light source of ≥ 20 watts
- Immersion oil
- Lens paper
- Lens cleaning solution
- All parts clean, functional properly adjusted and aligned

_____ Facility DVM initials verifying all criteria for Microscope

Hematology Supplies and Instruments

- Automated hematology analyzer with appropriate supplies capable of providing:
 - Red blood cell counts
 - White blood cell counts + individual cell or composite differential
 - Platelet counts
 - Hematocrit
 - Hemoglobin (may be performed with either a stand-alone instrument or as a function of an automated hematology or chemistry analyzer)
- Microhematocrit (packed cell volume [PCV]) centrifuge
- Microhematocrit (PCV) tubes (plain)
- Microhematocrit (PCV) tube clay sealant
- Microhematocrit (PCV) reader
- Refractometer (with total protein and specific gravity scales)
- Frosted-end glass microscope slides
- Quick stain (ex. Diff-Quik)
- EDTA blood collection tubes, appropriate for patient size
- Laboratory wipes
- Small plain test tubes
- Microscope slide mailers
- Hand tally (single digit and/or multi-key differential counter) optional

_____ Facility DVM initials verifying all criteria for Hematology

Urinalysis

- Centrifuge appropriate for centrifuge tubes and for centrifuging urine
- Conical centrifuge tubes
- Urine chemistry test strips (minimum tests: pH, glucose, ketones, bilirubin, blood, protein)
- Frosted end glass microscope slides
- Cover slips
- Stain (optional), New Methylene Blue or Sedi (type) stain
- Disposable pipettes
- Refractometer (with total protein and specific gravity scales)
- Test tube rack

_____ Facility DVM initials verifying all criteria for Urinalysis

Clinical Chemistry

- Automated chemistry analyzer with appropriate supplies capable of providing:
 - BUN, glucose, and common enzymes
- Plain red- top blood collection tubes appropriate for patient size

- Serum or plasma separator blood collection tubes appropriate for patient size
- Anticoagulated blood collection tubes appropriate for patient size
- Centrifuge appropriate for serum and plasma blood collection tubes
- Wooden applicator sticks

_____ Facility DVM initials verifying all criteria for Clinical Chemistry

Serology

Equipment, supplies, and materials to perform the following serology tests:

- SNAP®/ELISA
- Slide or card agglutination

_____ Facility DVM initials verifying all criteria for Serology

Crossmatch

- Commercially available crossmatch kit (ex. RapidVet®-H companion animal crossmatch, Alvedia)

OR

- Simple crossmatch supplies
 - Six (6) 12 X 75mm (5 mL) round-bottom disposable glass test tubes
 - Phosphate buffered saline (PBS)
 - EDTA blood collection tubes
 - Plain red-top tubes (NOT serum separator tubes)
 - Centrifuge
 - Disposable pipettes
 - Wooden applicator sticks
 - Frosted-end glass microscope slides
 - Thermostatically controlled heating block or warm water bath

_____ Facility DVM initials verifying all criteria for Crossmatch

Coagulation Tests

Equipment, supplies, and materials to perform **one** of the following tests. Specify which test will be performed:

- Buccal bleeding time
 - Lancet (spring loaded)
 - Timer
 - Filter/blotting paper
 - Roll gauze
- Activated clotting time (ACT) (automated or ACT tube test)
 - Automated ACT
 - ACT test tube

- ACT tubes
 - Thermostatically controlled heating block or warm water bath
 - Timer
- Automated Prothrombin Time (PT)
- Automated Activated Partial Thromboplastin Time (APTT)
- Fibrinogen assay (automated or heat precipitation)
 - Automated fibrinogen assay
 - Manual fibrinogen heat precipitation method
 - Thermostatically controlled heating block or warm water bath
 - Refractometer
 - Timer
 - Microhematocrit centrifuge
 - Microhematocrit tubes
 - Microhematocrit clay sealant

_____ Facility DVM initials verifying all criteria for Coagulation

Cytology

- Exam gloves
- 6" sterile cotton-tipped swabs
- Quick Stain (ex. Diff-Quik)
- Frosted-end glass microscope slides
- Sterile saline
- Sterile vaginal speculum of appropriate size for patient (optional)
 - Sterile lubricant (if using speculum)
 - Non-irritating prep supplies (if using speculum)
- Microscope slide mailers

_____ Facility DVM initials verifying all criteria for Cytology

Patient Requirements

- Hematology: single sample from one healthy patient; any species
- Clinical Chemistry: single sample from one patient; any species
- Urinalysis: one patient, any species
- Coagulation: appropriate patient for the test performed
- Crossmatch: one canine donor and one canine recipient
- Ear cytology: one patient, any species with ear pathology
- Vaginal cytology: one female canine patient; intact and/or with a reproductive pathology

_____ Facility DVM initials verifying all criteria for Patient Requirements

I certify that the veterinary care facility _____
Name of Veterinary Hospital or Facility

has the equipment and supplies that I have indicated by checking the boxes above, and that they are available to the VNDLP Student _____ for use in the completion of the
Name of Student

VM 22700 Clinical Mentorship.

I also certify that this facility is in compliance with current OSHA (Occupational Safety and Health Administration) and any state or local regulations, requirements, or laws regarding workplace safety.

Printed Name of Facility Veterinarian: _____

Signature: _____

Initials: _____ Date: _____

This form must be signed and returned to the student, submitted and approved by Purdue prior to beginning of the clinical Mentorship VM 22700.