



ASAP Laboratory
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BARCODE No:
 (Office Use)

Do not run Regionally. Send directly to ASAP

DETAILS					VETERINARIAN / CLINIC
Owner Name:		Animal ID:		Patient Ref No.:	
Species:	Breed:	Age:	Sex:	Property ID (if applicable)	
					Previous Lab No:

CLINICAL HISTORY: (including description of any gross skin or mass lesions and any recent therapy):

SAMPLES

BLOOD EDTA Citrate
 Plain FI Ox
 Lith Hep Gel

SMEARS Blood Other

URINE Sterile Method
 Container

FLUID EDTA Plain

SWAB Gel Dry

TISSUE In Formalin Fresh

FAECES _____ _____

OTHER _____ _____

BIOCHEMISTRY

201 FullScreen 203 Renal
 202 Liver 208 Single
 207 Paired Bile acids / 208 Single
 211 Fructosamine
 205 1-5 Biochemistries
 (list required tests)

SEROLOGY AND MOLECULAR

801 FIV/FeLV (ELISA)
 803 Cryptococcus (LCAT)
 805 Heartworm antigen
 808 Toxoplasma IgG +IgM
 809 Neospora serology
 Respiratory PCR
 Neurological PCR
 1054 Respiratory Mycoplasma PCR
 1055 Haemotropic Mycoplasma PCR

ENDOCRINOLOGY / THERAPEUTIC

701 Total T4 705 cTSH
 732 AMH 712 Progesterone
 708 ACTH stimulation test
 709 LDDST
 217 Potassium Bromide
 216 Phenobarbitone

CYTOLOGY

401 Routine cytology 352 Add M+C
 402 Additional Site
 407 CSF 404 BAL/TTW
 405 Bone marrow (incl. FBE)
 403 Body Fluid Analysis

RECOMMENDED PROFILES

Full Body Function
 Body Function + Urinalysis
 Body Function + T4
 Body Function +T4 + Urinalysis + MCS
 Sick Dog / Cat Profile
 Basic Health
 Basic Health + Urinalysis
 Basic Health + SNAP® cPL™/fPL™
 Wellness Profile (Basic Health + T4)
 Wellness Profile + Urinalysis
 Wellness Profile + Urinalysis + MCS
 Wellness Profile + SNAP® cPL™/fPL™

Add Ons

TT4 FIV/FeLV Urine C+S ONLY

MICROBIOLOGY

351 MC & S
 Number of sites
 Tick to pool samples
 359 Fungal wet mount and culture
 375 Fungal and Bacterial culture

HISTOPATHOLOGY

501 Histopathology 1 tissue
 502 Histopathology 2-3 tissues
 503 Histopathology 4-6 tissues
 504 Histopathology 7-10 tissues
 Margin check required?

HAEMATOLOGY / COAGULATION

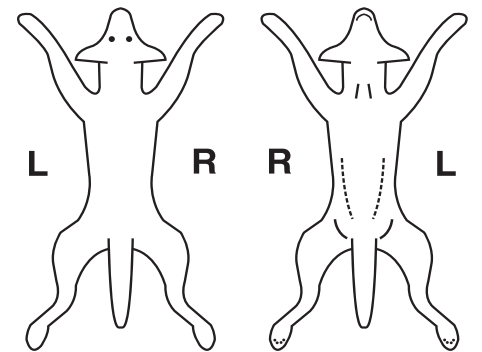
101 FBE 614 CBC Uninterpreted
 107 PT+APTT 106 APTT
 105 PT 613 Full Coagulation

URINALYSIS

Method of collection: _____
 301 Urinalysis 303 Urinalysis + C+S
 305 Urine C+S ONLY
 307 Comprehensive urinalysis
 308 Urine Protein: Creatinine Ratio

FAECAL EXAMINATION

901 Comprehensive 902 Basic
 903 Faecal float 904 Occult blood
 Faecal Multiplex PCR



OTHERS: (PLEASE SPECIFY)

Signature _____ Print Name _____ Date _____ Time of collection _____

Office Use ONLY: E G P L FO Cit Sbl U Sm Fl Tfo Tfr Swab F Other