

DETAILS				
Owner Name:		Animal ID:		Patient Ref No.:
Species:	Breed:	Age:	Sex:	Property ID (if applicable)

VETERINARIAN / CLINIC
Previous Lab No.:

CLINICAL HISTORY

SAMPLES	
<b>BLOOD</b>	<input type="checkbox"/> EDTA <input type="checkbox"/> Citrate <input type="checkbox"/> Plain <input type="checkbox"/> FI Ox <input type="checkbox"/> Lith Hep <input type="checkbox"/> Gel
<b>SMEARS</b>	<input type="checkbox"/> Blood <input type="checkbox"/> Other
<b>URINE</b>	<input type="checkbox"/> Sterile <input type="checkbox"/> Method Container _____
<b>FLUID</b>	<input type="checkbox"/> EDTA <input type="checkbox"/> Plain
<b>SWAB</b>	<input type="checkbox"/> Gel <input type="checkbox"/> Dry
<b>TISSUE</b>	<input type="checkbox"/> In Formalin <input type="checkbox"/> Fresh
<b>FAECES</b>	<input type="checkbox"/> _____ <input type="checkbox"/> _____
<b>OTHER</b>	<input type="checkbox"/> _____ <input type="checkbox"/> _____

BIOCHEMISTRY
<input type="checkbox"/> 201 Full Screen <input type="checkbox"/> 203 Renal <input type="checkbox"/> 202 Liver <input type="checkbox"/> 208 Single <input type="checkbox"/> 207 Paired Bile acids / <input type="checkbox"/> 211 Fructosamine <input type="checkbox"/> 205 1-5 Biochemistries (list required tests)

SEROLOGY AND MOLECULAR
<input type="checkbox"/> 801 FIV / FeLV (ELISA) <input type="checkbox"/> 803 Cryptococcus (LCAT) <input type="checkbox"/> 805 Heartworm antigen <input type="checkbox"/> 808 Toxoplasma IgG & IgM <input type="checkbox"/> 809 Neospora serology <input type="checkbox"/> Respiratory PCR <input type="checkbox"/> Neurological PCR <input type="checkbox"/> 1054 Respiratory Mycoplasma PCR <input type="checkbox"/> 1055 Haemotropic Mycoplasma PCR

ENDOCRINOLOGY / THERAPEUTIC
<input type="checkbox"/> 701 Total T4 <input type="checkbox"/> 732 AMH <input type="checkbox"/> 708 ACTH Stimulation test <input type="checkbox"/> 709 LDDST <input type="checkbox"/> 217 Potassium Bromide <input type="checkbox"/> 216 Phenobarbitone

CYTOLOGY
<input type="checkbox"/> 401 Routine cytology <input type="checkbox"/> Add MC&S <input type="checkbox"/> 402 Additional site <input type="checkbox"/> 407 CSF <input type="checkbox"/> 404 BAL/TTW <input type="checkbox"/> 405 Bone marrow (inc FBE) <input type="checkbox"/> 403 Body fluid analysis

RECOMMENDED PROFILES
<input type="checkbox"/> Full Body Function <input type="checkbox"/> Body Function + Urinalysis <input type="checkbox"/> Body Function + T4 <input type="checkbox"/> Body Function + T4 +Urinalysis + MCS <input type="checkbox"/> Sick Dog / Cat Profile <input type="checkbox"/> Basic Health <input type="checkbox"/> Basic Health + Urinalysis <input type="checkbox"/> Basic Health + SNAP cPL / fPL <input type="checkbox"/> Wellness Profile (Basic Health + T4) <input type="checkbox"/> Wellness Profile + Urinalysis <input type="checkbox"/> Wellness Profile + Urinalysis + MCS <input type="checkbox"/> Wellness Profile + SNAP cPL / fPL <b>Add Ons</b> <input type="checkbox"/> TT4 <input type="checkbox"/> FIV / FeLV <input type="checkbox"/> Urine C+S ONLY

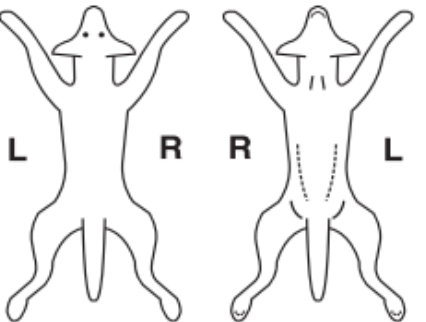
MICROBIOLOGY
<input type="checkbox"/> 351 MC&S Number of sites ..... Tick to pool samples <input type="checkbox"/> <input type="checkbox"/> 359 Fungal wet mount & culture <input type="checkbox"/> 375 Fungal AND bacterial culture

HISTOPATHOLOGY
<input type="checkbox"/> 501 Histopathology 1 tissue <input type="checkbox"/> 502 Histopathology 2-3 tissues <input type="checkbox"/> 503 Histopathology 4-6 tissues <input type="checkbox"/> 504 Histopathology 7-10 tissues <input type="checkbox"/> Margin check required?

URINALYSIS
Method of collection: _____ <input type="checkbox"/> 301 Urinalysis <input type="checkbox"/> 303 Urinalysis+C&S <input type="checkbox"/> 305 Urine C&S ONLY <input type="checkbox"/> 307 Comprehensive urinalysis <input type="checkbox"/> 308 Urine protein:creatinine ratio

HAEMATOLOGY / COAGULATION
<input type="checkbox"/> 101 FBE <input type="checkbox"/> 614 CBC Uninterp <input type="checkbox"/> 107 PT+APTT <input type="checkbox"/> 106 APTT <input type="checkbox"/> 105 PT <input type="checkbox"/> 613 Full Coag

FAECAL EXAMINATION
<input type="checkbox"/> 903 Faecal float <input type="checkbox"/> Faecal multiplex PCR <input type="checkbox"/> Faecal float + multiplex PCR <input type="checkbox"/> 370 Faecal culture & sensitivity



**OTHER TESTS (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			