

PRACTICE ADDRESS	OWNER AND ANIMAL DETAILS	LABORATORY USE ONLY
Vet Surgeon:	Owner's name:	Date received:
Practice:	Animal's name /ID:	Samples:
Address:	Practice ref:	<input type="checkbox"/> Plain <input type="checkbox"/> Urine
Postcode:	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Heparin <input type="checkbox"/> Faeces
Report by:	<input type="checkbox"/> Horse <input type="checkbox"/> Rabbit	<input type="checkbox"/> Ox-F <input type="checkbox"/> Swab
<input type="checkbox"/> Tel	<input type="checkbox"/> Other:	<input type="checkbox"/> EDTA <input type="checkbox"/> Slides
<input type="checkbox"/> Email	Breed:	<input type="checkbox"/> Gel <input type="checkbox"/> Citrate
	Age:	<input type="checkbox"/> Histo Pot <input type="checkbox"/> Other
	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Neutered	<input type="checkbox"/> Haemolysis <input type="checkbox"/> Icteric
	Date of sampling:	<input type="checkbox"/> Lipaemia <input type="checkbox"/> Clot
	Previous lab ref:	

**COMPULSORY INFORMATION NEEDED BEFORE HANDLING YOUR SAMPLES:**

Has this patient been imported or travelled outside the UK?

 Yes 

 No 

If YES, please specify the country or contries:

CLINICAL HISTORY

\* Please refer to the price guide for specific samples and protocols. If in doubt, please contact the laboratory.

SMALL ANIMAL PROFILES	GASTROENTEROLOGY	BIOCHEMISTRY	ENDOCRINOLOGY
<input type="checkbox"/> CAN1 Dog health screen	<input type="checkbox"/> GE1 Canine comprehensive	<input type="checkbox"/> Indiv test:	<b>Thyroid</b>
<input type="checkbox"/> CAN2 Systemic/metabolic	<input type="checkbox"/> GE2 Canine TLI, folate, B12	<input type="checkbox"/> BA Bile acids	<input type="checkbox"/> K9T4 Canine Total T4
<input type="checkbox"/> CAN3 GI disease	<input type="checkbox"/> GE3 Canine TLI	<input type="checkbox"/> BA1 Bile acids stim	<input type="checkbox"/> TSH TSH
<input type="checkbox"/> CAN4 Senior - incl T4	<input type="checkbox"/> GE4 Canine folate and B12	<input type="checkbox"/> BNPF ProBNP *	<input type="checkbox"/> T4SH Total T4 + TSH
<input type="checkbox"/> CAN5 PU/PD/URT - incl UR2	<input type="checkbox"/> GE5 Feline comprehensive	<input type="checkbox"/> CRP C reactive protein	<input type="checkbox"/> T4 Feline Total T4
<input type="checkbox"/> FEL1 Cat health screen	<input type="checkbox"/> GE6 Feline TLI, folate, B12	<input type="checkbox"/> ELE1 Electrolytes 1	<input type="checkbox"/> T4UC Total T4 + urea + creatinine
<input type="checkbox"/> FEL2 Systemic/metabolic	<input type="checkbox"/> GE7 Feline TLI	<input type="checkbox"/> ELEC Electrolytes 2	<input type="checkbox"/> FT4D Free T4 Equilibrium dialysis
<input type="checkbox"/> FEL3 Sys/met + FeLV/FIV	<input type="checkbox"/> GE8 Feline folate and B12	<input type="checkbox"/> FRU Fructosamine	<b>Adrenal</b>
<input type="checkbox"/> FEL4 FIP - incl FeCoV Ab	<input type="checkbox"/> GE9 Faeces:Para, Sal, Campy	<input type="checkbox"/> CA+ Ionised Calcium *	<input type="checkbox"/> ADR1 ACTH Stimulation Test *
<input type="checkbox"/> FEL5 GI disease	<input type="checkbox"/> GE10 Faeces:Sal & Campy	<input type="checkbox"/> SDMA SDMA	<input type="checkbox"/> ACTH Endogenous ACTH *
<input type="checkbox"/> FEL6 Senior - incl T4	<input type="checkbox"/> GE11 Path Ecoli PCR - chronic	<input type="checkbox"/> TROP Troponin I *	<input type="checkbox"/> ADR2 Low Dose Dex Supp Test *
<input type="checkbox"/> FEL7 PU/PD/URT - incl UR2	<input type="checkbox"/> GE12 Path Ecoli PCR - acute	<b>IMMUNOLOGY</b>	<input type="checkbox"/> ADR3 High Dose Dex Supp Test *
<input type="checkbox"/> SAH SA health check/screen	<input type="checkbox"/> GE13 Ecoli autovaccine	<input type="checkbox"/> ARA Acetylcholine receptor Ab	<input type="checkbox"/> COR Single Cortisol
<input type="checkbox"/> LVP Liver Profile	<input type="checkbox"/> GE14 Permeability testing	<input type="checkbox"/> ANA Anti-nuclear Antibody Test	<input type="checkbox"/> UCCR Urine Cortisol:Creatinine
<input type="checkbox"/> KID Kidney Profile	<input type="checkbox"/> GE15 Parvovirus antigen	<input type="checkbox"/> MASM Muscle Fibre Ab Type 2M	<input type="checkbox"/> SHAP ACTH Stim + 17-OH Proges *
<b>EQUINE PROFILES</b>	<input type="checkbox"/> GE16 Viral Profile	<input type="checkbox"/> SPE Serum protein electrophoresis	<input type="checkbox"/> FERC Ferret Adrenal Panel
<input type="checkbox"/> EQ1 Equine health screen	<input type="checkbox"/> TRIC Tritrichomonas foetus PCR	<b>ALLERGOLOGY</b>	<input type="checkbox"/> PPD Equine PPID *
<input type="checkbox"/> EQ2 Systemic/metabolic	<input type="checkbox"/> ENDO Endoparasites	<input type="checkbox"/> ALLB Allergy screening test	<input type="checkbox"/> EMS Equine Metabolic Syndrome *
<b>SMALL MAMMALS, BIRDS, REPTILES</b>	<input type="checkbox"/> GIA Giardia ELISA	<input type="checkbox"/> ALLP Indoor perennial allergens	<b>Reproduction</b>
<input type="checkbox"/> RB1 Small mammal health	<input type="checkbox"/> GE17 ENDO + Giardia ELISA	<input type="checkbox"/> ALLS Outdoor seasonal allergens	<input type="checkbox"/> AMH Anti-Mullerian Hormone
<input type="checkbox"/> RB2 Rabbit systemic/metab	<input type="checkbox"/> GE18 GE9 & Giardia ELISA	<input type="checkbox"/> FLEA Flea saliva IgE	<input type="checkbox"/> OES Oestradiol
<input type="checkbox"/> AV1 Avian health	<input type="checkbox"/> C / FPLI Pancreatic lipase	<input type="checkbox"/> ALLM Malassezia IgE	<input type="checkbox"/> OESS Dynamic Oestradiol *
<input type="checkbox"/> AV2 Systemic/metabolic	<b>MICROBIOLOGY / DERMATOLOGY</b>	<input type="checkbox"/> SAR Canine Sarcoptes antibody	<input type="checkbox"/> PRO Progesterone
<input type="checkbox"/> REP1 Reptile health	<input type="checkbox"/> CUL1 Aerobic + sensitivity	<input type="checkbox"/> AINS Insect panel	<input type="checkbox"/> PROS Dynamic Progesterone *
<input type="checkbox"/> REP2 Systemic/metabolic	<input type="checkbox"/> CUL2 Aer/anaer + sensitivity + fung	<input type="checkbox"/> CFAT Canine Food	<input type="checkbox"/> TES Testosterone
<b>HAEMATOLOGY / COAGULATION</b>	<input type="checkbox"/> DER1 Skin scraping (SS)	<input type="checkbox"/> FFAT Feline Food	<input type="checkbox"/> TESS Dynamic Testosterone *
<input type="checkbox"/> FBC1 Mammal haematology	<input type="checkbox"/> DER2 SS + Dermatophyte culture	<b>THERAPEUTIC MONITORING</b>	<b>Other</b>
<input type="checkbox"/> FBC2 Avian haematology	<input type="checkbox"/> DER3 SS + Fungal/bacterial C&S	<input type="checkbox"/> PHE Phenobarbital *	<input type="checkbox"/> INS Insulin *
<input type="checkbox"/> FBC3 Reptile haematology	<input type="checkbox"/> DERP Dermatophyte PCR	<input type="checkbox"/> KBR Potassium Bromide *	<input type="checkbox"/> IGF IGF-1
<input type="checkbox"/> CP1 FBC + PT + APTT	<input type="checkbox"/> SARP Sarcoptes PCR	<input type="checkbox"/> Drug *:	<input type="checkbox"/> PTH Parathyroid hormone *
<input type="checkbox"/> APT2 PT + APTT	<b>URINALYSIS</b>		<input type="checkbox"/> PTHR PTH related peptide *
<input type="checkbox"/> COO1 Coombs Test	<input type="checkbox"/> UR1 Sediment, biochem, SG		<b>PLEASE SPECIFY OTHER TEST / CODE</b>
<input type="checkbox"/> Blood groups – canine / feline	<input type="checkbox"/> UR2 UR1 + UP:C		
<input type="checkbox"/> Coagulation Factor:	<input type="checkbox"/> UR3 UR1 + C&S		
	<input type="checkbox"/> UR4 UR3 + UP:C		
	<input type="checkbox"/> UPCR Urine Protein:Creatinine		
	<input type="checkbox"/> CALC Calculus analysis		

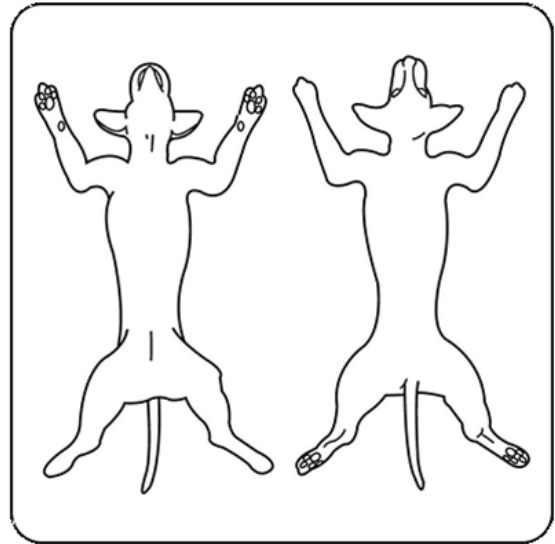
**CYTOLOGY AND HISTOLOGY**

- Cytology:    Aspirate    Impression    Scraping  
 Cytology - fluids and washes   Specify: \_\_\_\_\_  
 Bone Marrow Cytology  
 Histology  
 Cytology and Histology - same site

Anatomical Location of Mass/Lesion/Fluid:

Size and Description of Mass/Lesion/Fluid:

How Long Present?:



INFECTIOUS DISEASE - SEROLOGY	INFECTIOUS DISEASE - PCR	INFECTIOUS DISEASE - PCR PROFILES
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> CAPP      Canine Anemia
<input type="checkbox"/> LWA      Angiostrongylus vasorum	<input type="checkbox"/> XAVA      Angiostrongylus vasorum	<input type="checkbox"/> XCDP      Canine Diarrhoea
<input type="checkbox"/> ASPS      Aspergillus	<input type="checkbox"/> BABP      Babesia	<input type="checkbox"/> XCEP      Canine Eye
<input type="checkbox"/> BAB      Babesia	<input type="checkbox"/> BORA      Borrelia	<input type="checkbox"/> CNPS      Canine Neurology Small
<input type="checkbox"/> BOR      Borrelia	<input type="checkbox"/> ADVP      Canine Adenovirus	<input type="checkbox"/> CNPC      Canine Neurology Large
<input type="checkbox"/> CAV      Canine adenovirus	<input type="checkbox"/> CDVP      Canine Distemper	<input type="checkbox"/> XCR1      Canine Respiratory Small
<input type="checkbox"/> CDV      Canine distemper	<input type="checkbox"/> CHP      Chlamydomphila	<input type="checkbox"/> XCR2      Canine Respiratory Large
<input type="checkbox"/> PARV      Canine parvovirus antigen	<input type="checkbox"/> XCRY      Cryptosporidia	<input type="checkbox"/> XCRP      Canine Reproduction
<input type="checkbox"/> CPV      Canine parvovirus antibody	<input type="checkbox"/> DERP      Dermatophyte	<input type="checkbox"/> XFDP      Feline Diarrhoea
<input type="checkbox"/> ADP      CAV, CDV, CPV & Lepto (Dog)	<input type="checkbox"/> XDEM      Demodex	<input type="checkbox"/> FEVP      Feline Eye
<input type="checkbox"/> ADP1      CAV, CDV, CPV (Dog)	<input type="checkbox"/> EHRP      Ehrlichia canis	<input type="checkbox"/> XFN      Feline Neurology
<input type="checkbox"/> CHPS      FCV, FHV, FPV (Cat)	<input type="checkbox"/> FCAP      Feline Calicivirus	<input type="checkbox"/> XFR1      Feline Respiratory Small
<input type="checkbox"/> CHB      Chlamydomphila	<input type="checkbox"/> FIPP      Feline Coronavirus - FIP	<input type="checkbox"/> FRPL      Feline Respiratory Large
<input type="checkbox"/> FIP      Feline coronavirus - FIP	<input type="checkbox"/> HERP      Herpesvirus	<b>GENETIC DISEASE</b>
<input type="checkbox"/> FLV      FeLV antigen	<input type="checkbox"/> MCAN      Mycoplasma (respiratory - Dog)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> FIV      FIV antibody	<input type="checkbox"/> MFEL      Mycoplasma (respiratory - Cat)	<input type="checkbox"/> CDRM      Degen myelopathy exon 2
<input type="checkbox"/> FLI      FeLV antigen and FIV antibody	<input type="checkbox"/> HMBC      Haemotropic Mycoplasma (Cat)	<input type="checkbox"/> EIC      Exercise induced collapse
<input type="checkbox"/> FPV      Feline panleukopaenia	<input type="checkbox"/> LEIP      Leishmania	<input type="checkbox"/> PAR      Parentage
<input type="checkbox"/> LEIS      Leishmania IFAT	<input type="checkbox"/> LEPP      Leptospira	<input type="checkbox"/> DNAB      Breed Identification
<input type="checkbox"/> SLEL      Leishmania ELISA	<input type="checkbox"/> NEOP      Neospora caninum	<input type="checkbox"/> MDR1      MDR1 gene defect
<input type="checkbox"/> LEP      Leptospira	<input type="checkbox"/> PARP      Parvovirus	<input type="checkbox"/> PRA      Please confirm which mutation: _____
<input type="checkbox"/> NEO      Neospora caninum	<input type="checkbox"/> XRHD      RHDV 1 & RHDV 2	
<input type="checkbox"/> RAB      Rabies	<input type="checkbox"/> XSAR      Sarcoptes	
<input type="checkbox"/> TOX      Toxoplasma	<input type="checkbox"/> TOXP      Toxoplasma	
<input type="checkbox"/> SAR      Sarcoptes ELISA	<input type="checkbox"/> TRIC      Tritrichomonas foetus	<input type="checkbox"/> PKD      Feline Polycystic Kidney Disease

PLEASE REFER TO THE PRICE GUIDE FOR ANY OTHER SPECIFIC TESTS / CODES AND PROVIDE THEM BELOW