



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
	<input type="checkbox"/> Horse <input type="checkbox"/> Rabbit	<input type="checkbox"/> Ox-F <input type="checkbox"/> Swab
	<input type="checkbox"/> Other:	<input type="checkbox"/> EDTA <input type="checkbox"/> Slides
Report by:	Breed:	<input type="checkbox"/> Gel <input type="checkbox"/> Citrate
<input type="checkbox"/> Tel	Age:	<input type="checkbox"/> Haemolysis
<input type="checkbox"/> Fax	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Neutered	<input type="checkbox"/> Lipaemia
<input type="checkbox"/> Email	Date of sampling:	<input type="checkbox"/> Icteric
	Previous lab ref:	<input type="checkbox"/> Clot

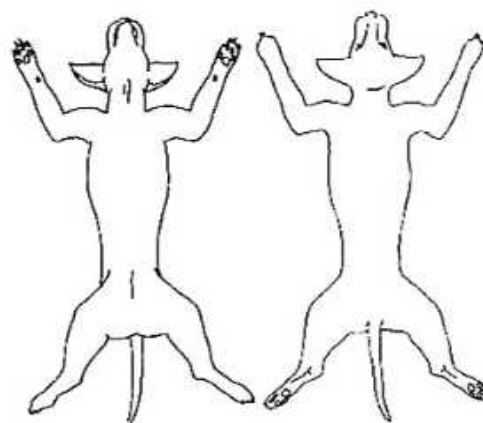
CLINICAL HISTORY

* 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: _____	Thyroid
<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	Adrenal
<input type="checkbox"/> FEL5 GI disease	<input type="checkbox"/> GE9 Faeces:Para, Sal, Campy	<input type="checkbox"/> CA+ Ionised Calcium *	<input type="checkbox"/> ADR1 ACTH Stimulation Test *
<input type="checkbox"/> FEL6 Senior - incl T4	<input type="checkbox"/> GE10 Faeces:Sal & Campy	<input type="checkbox"/> SDMA SDMA	<input type="checkbox"/> ACTH Endogenous ACTH *
<input type="checkbox"/> FEL7 PU/PD/URT - incl UR2	<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"/> SAH SA health check/screen	<input type="checkbox"/> GE12 Path Ecoli PCR - acute	IMMUNOLOGY	<input type="checkbox"/> ADR3 High Dose Dex Supp Test *
<input type="checkbox"/> LKS Liver and kidney screen	<input type="checkbox"/> GE13 Ecoli autovaccine	<input type="checkbox"/> ARA Acetylcholine receptor Ab	<input type="checkbox"/> COR Single Cortisol
<input type="checkbox"/> LIVP 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"/> PARV Parvovirus antigen	<input type="checkbox"/> MASM Muscle Fibre Ab Type 2M	<input type="checkbox"/> SHAP ACTH Stim + 17-OH Progesterone *
EQUINE PROFILES	<input type="checkbox"/> GEVP 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	ALLERGOLOGY	<input type="checkbox"/> PPID 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 *
SMALL MAMMALS, BIRDS, REPTILES	<input type="checkbox"/> GIA Giardia ELISA	<input type="checkbox"/> ALLP Indoor perennial allergens	Reproduction
<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"/> OESS 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	MICROBIOLOGY / DERMATOLOGY	<input type="checkbox"/> SAR Canine Sarcoptes antibody	<input type="checkbox"/> PRO Progesterone
<input type="checkbox"/> REP1 Reptile health	<input type="checkbox"/> CUL1 Aerobic and 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 and sensitivity	<input type="checkbox"/> CFAT Canine Food	<input type="checkbox"/> TES Testosterone
HAEMATOLOGY / COAGULATION	<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	THERAPEUTIC MONITORING	Other
<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	URINALYSIS		<input type="checkbox"/> PTHR PTH related peptide *
<input type="checkbox"/> COO1 Coombs Test	<input type="checkbox"/> UR1 Sediment, biochem, SG		PLEASE SPECIFY OTHER TEST / CODE
<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



Ventral

Dorsal

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

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