



## LABORATORY REQUEST FORM

DATE: \_\_\_\_\_ SEND RESULTS TO: \_\_\_\_\_ URGENT: \_\_\_\_\_

CLIENT DETAILS: \_\_\_\_\_

ANIMAL NAME: \_\_\_\_\_

SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ VET: \_\_\_\_\_

☐ **FULL BLOOD**

- Haematology
- Biochemistry
- Fibrinogen

☐ HAEMATOLOGY

☐ BIOCHEMISTRY

☐ FIBRIONGEN

☐ PCV/TPP

☐ IgG GAMMA CHECK-E

☐ SAA

☐ LACTATE

☐ GLUCOSE

☐ TRIGLYCERIDES

☐ HAEMOLYTIC X-MATCH

**CYTOLOGY**

☐ BODY FLUID \_\_\_\_\_

☐ NON-BODY FLUID \_\_\_\_\_

☐ CSF ANALYSIS

☐ UTERINE LAVAGE

**FAECAL ANALYSIS**

☐ FAECAL EGG COUNT

☐ CRYPTOSPORIDIA stain

☐ ROTAVIRUS (faeces)

☐ URINALYSIS

☐ MILK CALCIUM

☐ FRACTIONAL EXCRETION \_\_\_\_

**PM CYTOLOGY**

☐ PM – 1-2 specimens

☐ PM – 3 specimens

☐ PM – 4 specimens

**MICROBIOLOGY**

☐ MEAT BROTH

☐ BLOOD CULTURE

**CULTURE**

☐ FAECAL CULTURE

☐ BODY FLUID \_\_\_\_\_

☐ NON-BODY FLUID \_\_\_\_\_

☐ FUNGAL CULTURE

☐ ENVIRONMENTAL

SWABBING

**HISTORY or EXTERNAL REQUEST:**

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**Office Use Only**

Outside Client ☐

In House Hospital ☐

In House Field ☐

Patient HVMS #: \_\_\_\_\_

Billed ☐

Add to Patient File ☐

Results Sent ☐