

Laboratory Telephone: 01638 782050

Mark Hillyer: 01638 782020

## REQUEST FORM

Veterinary Surgeon:  Practice:   Tel number: Fax number: (for results) Date sample collected:  Previous sample(s) submitted from this horse YES / NO                      Date:	Owner's name:  Horse's name:  Breed:                      Age:                      Sex:  History:     Interpretation of results requested    YES / NO
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<b>Biochemistry</b>		<i>(All plain and heparinised, except glucose in oxalate fluoride)</i>
Complete biochem profile ...Urea, Creat, TP, SPE, AST, CPK, ALP, IAP, GGT, Bili.....		<input type="checkbox"/>
Liver profile.....TP, SPE, AST, ALP, IAP, GGT, Bili.....		<input type="checkbox"/>
Kidney profile.....Urea, Creat, TP, SPE.....		<input type="checkbox"/>
Electrolytes .....Na, K, ionised Ca ..... <i>serum</i> .....		<input type="checkbox"/>
Blood Gases.....pH, pCO <sub>2</sub> , pO <sub>2</sub> , PCV, Na, K, ionised Ca ..... <i>hep</i> .....		<input type="checkbox"/>
Muscle enzymes .....AST, CPK .....		<input type="checkbox"/>
Proteins.....TP, SPE..... <i>serum</i> .....		<input type="checkbox"/>
Others	ALP (including IAP).....	<input type="checkbox"/>
	GGT .....	<input type="checkbox"/>
	Bilirubin .....	<input type="checkbox"/>
	Total serum bile acids ..... <i>serum</i> .....	<input type="checkbox"/>
	Urea.....	<input type="checkbox"/>
	Creatinine.....	<input type="checkbox"/>
	Triglycerides .....	<input type="checkbox"/>
	IgG .....	<input type="checkbox"/>
	Colostrum IgG and specific gravity .....	<input type="checkbox"/>
	Glucose absorption (48 hours notice)..... <i>oxalate fluoride</i> .....	<input type="checkbox"/>
	Progesterone (run Mon/Wed/Fri only) .....	<input type="checkbox"/>
	Serum Amyloid A (SAA)..... <i>serum</i> .....	<input type="checkbox"/>
	Equine Infectious Anaemia (EIA)..... <i>serum</i> .....	<input type="checkbox"/>
	Equine Viral Arteritis (EVA)..... <i>serum</i> .....	<input type="checkbox"/>

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<b>Haematology and Cytology</b>		
RBC, WBC, Differential, Fibrinogen .....	EDTA+citrate .....	<input type="checkbox"/>
RBC, WBC, Differential, Fibrinogen, SAA .....	EDTA+citrate+serum .....	<input type="checkbox"/>
RBC, WBC, Differential .....	EDTA .....	<input type="checkbox"/>
PCV .....	EDTA .....	<input type="checkbox"/>
Fibrinogen .....	citrate .....	<input type="checkbox"/>
Serum Amyloid A (SAA) .....	serum .....	<input type="checkbox"/>
<b>Others</b>		
Cytology.....	EDTA .....	<input type="checkbox"/>
Body fluid cytology and protein .....	EDTA+Plain .....	<input type="checkbox"/>
Airway cytology and culture .....	Plain.....	<input type="checkbox"/>

<b>Bacteriology</b>	
<i>CEM swabs must be submitted in charcoal transport medium and clearly labelled with the animal's name, site, date and time. They must be received by the lab within 48 hours of collection.....</i>	
Body fluid culture(State site) .....	<input type="checkbox"/>
Faecal culture .....	<input type="checkbox"/>
<i>Klebsiella spp</i> typing (after initial identification).....	<input type="checkbox"/>
Swab for culture ..(State site) .....	<input type="checkbox"/>
Salmonella culture .....	<input type="checkbox"/>
Bacterial sensitivity (not airway fluid sample).....	<input type="checkbox"/>
Airway cytology & culture See under Haematology and Cytology	

<b>Urinalysis</b>	pH, SG, glucose, Hb, ketones, deposit examination .....	<input type="checkbox"/>
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<b>Faeces</b>	
Faecal egg count.....	<input type="checkbox"/>
Occult blood.....	<input type="checkbox"/>
Rotavirus .....	<input type="checkbox"/>

<b>Others</b>	
Skin scraping (submitted in a paper envelope only).....	<input type="checkbox"/>