



NEWMARKET EQUINE HOSPITAL LABORATORY
 CAMBRIDGE ROAD
 NEWMARKET
 CB80FG
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Veterinary Surgeon:.....
Practice:.....
Tel:.....
Fax:.....
Email:.....
 Report Results via: Fax Email

Horse:.....
Owner:.....
Breed:.....
Age:.....
Date of Sample:.....

Sample(s) provided:
 Serum (S)
 EDTA (E)
 Heparin (H)
 Citrate (C)

History and Clinical Signs:

Interpretation requested

Haematology and Biochemistry profiles

Complete Profile	E, S, C	Haematology, TP, Albumin, Globulin, SAA, Fibrinogen, CK, AST, GGT, Bilirubin, Urea, Creatinine	<input type="checkbox"/>
Haematology	E	WBC, RBC, HGB, PCV, MCV, MCH, MCHC and WBC differential	<input type="checkbox"/>
Biochemistry	S	TP, Albumin, Globulin, CK, AST, GGT, Bilirubin, Urea, Creatinine	<input type="checkbox"/>
Horse in Training	E, S, C	Haem, TP, Albumin, Globulin, SAA, Fibrinogen, SAA, CK & AST	<input type="checkbox"/>
Basic H-i-T	E, S, C	Haem, TP, SAA & Fibrinogen	<input type="checkbox"/>
Inflammatory	E, S, C	Haem, SAA & Fibrinogen	<input type="checkbox"/>
Neonatal Foal	E, S, C	Haem, TP, Albumin, Globulin, SAA, Fibrinogen & IGG	<input type="checkbox"/>
Sick Foal	E, S, C	Haem, TP, Albumin, Globulin, SAA, Fibrinogen, Urea, Creatinine, CK, AST, GGT, Bilirubin & IGG	<input type="checkbox"/>
Endocrine	E*,S,H*	ACTH, Insulin, Glucose	<input type="checkbox"/>
Muscle Enzymes	H or S	CK & AST <input type="checkbox"/> Exercise Test (Two samples: pre- and 4 hours post-exercise) <input type="checkbox"/>	<input type="checkbox"/>
Kidney	S	TP, Albumin, Globulin, Urea & Creatinine	<input type="checkbox"/>
Liver	S, C	TP, Albumin, Globulin, SAA, Fibrinogen, AST, GGT, Triglycerides, Bilirubin & Bile acids	<input type="checkbox"/>
Proteins	S	TP, Albumin, Globulin	<input type="checkbox"/>

Individual Tests

SAA	S	<input type="checkbox"/>	Urea and Creatinine	S	<input type="checkbox"/>	Na ⁺ , K ⁺ , iCa ²⁺	S	<input type="checkbox"/>	Glucose	H*	<input type="checkbox"/>
Fibrinogen	C	<input type="checkbox"/>	GGT	S	<input type="checkbox"/>	Chloride	S	<input type="checkbox"/>	ACTH	E*	<input type="checkbox"/>
RBC and WBC	E	<input type="checkbox"/>	Bilirubin	S	<input type="checkbox"/>	Magnesium	S	<input type="checkbox"/>	Insulin	S	<input type="checkbox"/>
IgG	E	<input type="checkbox"/>	Bile Acids	S	<input type="checkbox"/>				Other Tests:		
Total Protein	S	<input type="checkbox"/>	Triglycerides	S	<input type="checkbox"/>	Progesterone	S	<input type="checkbox"/>			

*separated plasma - frozen

FOR LAB USE

Date rec:

Lab no:

Samples rec: