



NEWMARKET EQUINE HOSPITAL LABORATORY
 CAMBRIDGE ROAD
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Haematology and Biochemistry Request Form

Veterinary Surgeon:	Horse:	Sample(s) provided: <input type="checkbox"/> Serum (S) <input type="checkbox"/> EDTA (E) <input type="checkbox"/> Heparin (H) <input type="checkbox"/> Citrate (C) <input type="checkbox"/> Fluoride Oxalate (F)
Practice:	Owner:	
Tel:	Breed:	
Fax:	Age:	
Email:	Date of Sample:	
Report Results via: Fax <input type="checkbox"/> Email <input type="checkbox"/>		

History and Clinical Signs:

Interpretation requested

Profiles

Haematology	E	WBC, RBC, HGB, PCV, MCV, MCH, MCHC and WBC differential	<input type="checkbox"/>
Complete	E, S, C	Haem, TP, Alb, Glob, SAA, Fibrinogen, CK, AST, GGT, Bili, Urea, Creatinine Inc. Electrophoresis <input type="checkbox"/>	<input type="checkbox"/>
Horse in training	E, S, C	Haem, TP, Alb, Glob, SAA, Fibrinogen, SAA, CK & AST	<input type="checkbox"/>
Horse in training basic	E, S, C	Haem, SAA & Fibrinogen, CK, AST	<input type="checkbox"/>
Inflammatory	E, S, C	Haem, SAA & Fibrinogen	<input type="checkbox"/>
Neonatal foal	E, S, C	Haem, SAA, Fibrinogen & IGG	<input type="checkbox"/>
Sick foal	E, S, C	Haem, TP, Alb, Glob, SAA, Fibrinogen, Urea, Creatinine, GGT, Bili and Electrolytes	<input type="checkbox"/>
Muscle	H or S	CK & AST	<input type="checkbox"/>
Kidney	S	TP, Alb, Glob, Urea & Creatinine Inc Electrolytes <input type="checkbox"/> Inc Urinalysis <input type="checkbox"/>	<input type="checkbox"/>
Liver	S, C	TP, Alb, Glob, SAA, Fibrinogen, AST, AkIP and intestinal AlkP, GGT, Bili, Bile acids & Triglycerides Inc. Electrophoresis <input type="checkbox"/>	<input type="checkbox"/>
Electrolytes	S	Na ⁺ , K ⁺ , Cl ⁻ , Ca ²⁺	<input type="checkbox"/>
Proteins	S	TP, Alb, Glob Inc. Electrophoresis <input type="checkbox"/>	<input type="checkbox"/>

Individual Tests and Endocrinology

IgG	E	<input type="checkbox"/>	RBC and WBC Count	E	<input type="checkbox"/>	Bile Acids	S	<input type="checkbox"/>	Progesterone	S	<input type="checkbox"/>
SAA	S	<input type="checkbox"/>	Urea and Creatinine	S	<input type="checkbox"/>	GGT	S	<input type="checkbox"/>	ACTH	E*	<input type="checkbox"/>
Fibrinogen	C	<input type="checkbox"/>	Glucose	F	<input type="checkbox"/>	Triglycerides	S	<input type="checkbox"/>	Insulin	S	<input type="checkbox"/>
Total Protein	S	<input type="checkbox"/>	AlkP and Intestinal AlkP	S	<input type="checkbox"/>	Bilirubin	S	<input type="checkbox"/>			
Electrophoresis	S	<input type="checkbox"/>	Other Tests:								
*Separated plasma - frozen											

FOR LAB USE Date rec:

Lab no:

Samples rec: