



NEWMARKET EQUINE HOSPITAL LABORATORY
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Microbiology and Serology Request Form

Veterinary Surgeon:	Horse:	Sample(s) provided: <input type="checkbox"/> Faeces <input type="checkbox"/> Urine <input type="checkbox"/> Fluid* <input type="checkbox"/> Swab* <input type="checkbox"/> Skin scrape/hair pluck *Site_____
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

Pre-Breeding Certification (BEVA Laboratory Registration Scheme Approved)

CEM (Taylorella / Klebsiella / Pseudomonas)	Mare Clitoral	Culture <input type="checkbox"/>	PCR <input type="checkbox"/>
	Mare Endometrial	Culture <input type="checkbox"/>	PCR <input type="checkbox"/> Cytology <input type="checkbox"/>
	Stallion (3 Sites)	Culture <input type="checkbox"/>	PCR <input type="checkbox"/>
	Stallion (4 Sites)	Culture <input type="checkbox"/>	PCR <input type="checkbox"/>

EVA Serology

EIA Serology

Fluid Analysis / Cytology		+ Bacterial C&S	
	Tracheal wash	<input type="checkbox"/>	<input type="checkbox"/>
EDTA sample Plain/serum sample for culture	Synovial fluid	<input type="checkbox"/>	<input type="checkbox"/>
	Peritoneal fluid	<input type="checkbox"/>	<input type="checkbox"/>
	Pleural Fluid	<input type="checkbox"/>	<input type="checkbox"/>

Respiratory PCR			+ Bacterial C&S <input type="checkbox"/>
Plain NP swab in PBS	EHV-1	<input type="checkbox"/>	
	EHV-4	<input type="checkbox"/>	
	Equine influenza	<input type="checkbox"/>	
	Strep equi. subsp equi	<input type="checkbox"/>	

General	
Bacterial culture and sensitivity	<input type="checkbox"/>
Fungal culture	<input type="checkbox"/>

Faeces	
Faecal Culture	<input type="checkbox"/>
Rotavirus	<input type="checkbox"/>
Faecal Worm Egg Count	<input type="checkbox"/>

Urine	
Urinalysis	<input type="checkbox"/>
+ Bacterial C&S	<input type="checkbox"/>

Other Tests:

FOR LAB USE Date rec: _____ Lab no: _____ Samples rec: _____