

PRACTICE _____

OWNER _____

VETERINARIAN _____

OWNER ADDRESS/PH _____

VET REF # _____

ANIMAL NAME/ID _____

DATE SAMPLE COLLECTED / /

 CANINE FELINE AVIAN OTHER

 VET INTERPRETATION REQUIRED YES NO

AGE _____ BREED _____

 MALE NEUTERED FEMALE SPEYED
PREVIOUS CASE NUMBER:

HISTORY (more space over page) _____

*some tests may be subcontracted.

PROFILES	BIOCHEMISTRY	MICROBIOLOGY	SEROLOGY
AVIAN PROFILE	Albumin	<i>Site:</i>	Chlamydia Ag ELISA
CANINE PROFILE 1 2 3 <i>(please circle one)</i>	ALP	Aerobic Culture <i>(genital, urine, skin etc)</i>	FELV/FIV
FELINE PROFILE 1 2 3 4 <i>(please circle one)</i>	ALT	Aerobic Culture + Sensitivities	FELV
PET CHECKS	Amylase	Anaerobic Culture	FIV
OVERWEIGHT PET CHECK	AST	Aerobic/Anaerobic Culture <i>(wounds/fluids)</i>	FIP Ab ELISA <i>(Coronavirus)</i>
PRE-ANAESTHETIC PET CHECK	Bicarbonate	Aerobic/Anaerobic Culture + Sensitivities	Leptospira MAT <i>(indicate serovar)</i>
SENIOR PET CHECK	Bile Acids	Blood Culture <i>(including sensitivities where appropriate*)</i>	Neospora IFAT
PANELS (Biochemistry only)	Bilirubin	Ear Swab	Taenia Ovis
SICK AVIAN PANEL	Calcium	Ear Culture + Sensitivities	Toxoplasma Antibody
SICK CANINE PANEL	Chloride	Enteric Screen <i>(Salmonella + Campylobacter)</i>	PCR
SICK FELINE PANEL	Cholesterol	Campylobacter Culture	Feline Respiratory Syndrome <i>(Herpes, Calici, Chlamydia)</i>
PRE-ANAESTHETIC PANEL	CK	Salmonella Culture	FIV PCR
SENIOR CANINE PANEL	Creatinine	Fungal Culture <i>(Ringworm)</i>	Leptospira PCR
SENIOR FELINE PANEL	Electrophoresis	Fungal Culture + KOH <i>(Ringworm)</i>	Mycoplasma haemofelis
WELLNESS PANEL	Fructosamine	Fungal Culture <i>(Non Ringworm)</i>	Polycystic Kidney Disease (PKD)
RENAL PANEL	Glucose <i>(Fl. Oxalate)</i>	Ectoparasites	Tritrichomonas fetus
LIVER PANEL	Lipase	KOH Microscopy	Parentage Testing
ELECTROLYTES PANEL	Magnesium	Gram Stain	DNA Fingerprint + PKD
HAEMATOLOGY	Phosphate	FAECES	TOXICOLOGY
CBC	Potassium	Diarrhoea Panel <i>(FEC, Coccidia, Giardia, Campylobacter, Salmonella)</i>	Blood Lead
Haemogram	Sodium	Faecal Egg Count	OTHER TESTS
WBC + Differential	Total Protein	Giardia	
Platelet Count	Triglycerides	Cryptosporidium	
Coagulation Screen* <i>(PT, APTT, TCT, PLT)</i>	Trypsin-like Immunoreactivity (TLI)	Parvovirus Ag	
PT <i>(Citrate)</i>	Urea	Coccidia	
von Willebrands Factor <i>(Citrate)</i>	ENDOCRINOLOGY	Lungworm	
Coombs Test	Total T4	URINE	
Blood Typing	TSH	<i>Collection Technique:</i>	
CYTOLOGY	Cortisol	Full Urinalysis	
<i>Site:</i>	ACTH Stimulation <i>(2 samples)</i>	Urine Sediment	
PATHOLOGY	Low Dose Dex Sup <i>(3 samples)</i>	Specific Gravity	
<i>Site:</i>	High Dose Dex Sup <i>(3 samples)</i>	Protein/Creatinine Ratio	
Single Site <i>(including skin biopsy)</i>	Progesterone	Urine Culture and Sensitivities	
Multiple Site <i>(excluding skin biopsy)</i>	Canine Relaxin <i>(Heparin)</i>		
Multiple Skin Biopsies – Dermatitis	Urine Cortisol/Creatinine Ratio		
Multiple Masses	THERAPEUTICS		
Multiple Margin Assessment	Phenobarbitone		
Necropsy	Potassium Bromide		

SAMPLES

- | | | | | | | | |
|------------------------------------|-------------------------------------|-------------------------------------|----------------------------------|--------------------------------|---------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Serum/SST | <input type="checkbox"/> Fl.oxalate | <input type="checkbox"/> Na.Citrate | <input type="checkbox"/> Heparin | <input type="checkbox"/> Swab | <input type="checkbox"/> Hair | <input type="checkbox"/> Fresh Tissue | <input type="checkbox"/> Other |
| <input type="checkbox"/> EDTA | <input type="checkbox"/> Blood Film | <input type="checkbox"/> Smear | <input type="checkbox"/> Fluid | <input type="checkbox"/> Urine | <input type="checkbox"/> Faeces | <input type="checkbox"/> Fixed Tissue | |

