

PRACTICE \_\_\_\_\_ OWNER \_\_\_\_\_

VETERINARIAN \_\_\_\_\_ OWNER ADDRESS/PH \_\_\_\_\_

VET REF NUMBER \_\_\_\_\_

DATE SAMPLE COLLECTED \_\_\_\_\_ AGE \_\_\_\_\_ d/w/m/y BREED \_\_\_\_\_

 ANIMAL NAME / ID \_\_\_\_\_ MALE  FEMALE 
 TB  SB  PONY  SHIRE/DRAUGHT OTHER (please specify) \_\_\_\_\_

 VET INTERPRETATION REQUIRED  YES  NO

**PREVIOUS CASE NUMBER**

HISTORY (more space over page) \_\_\_\_\_

\*some tests may be subcontracted.

PROFILES (Panel + CBC/Fib)	BIOCHEMISTRY	CYTOLOGY	URINE
<input type="checkbox"/> SICK EQUINE PROFILE	Albumin	Site:	Collection Technique:
<input type="checkbox"/> EQUINE TRAINING PROFILE	ALP		Full Urinalysis
<b>PANELS (Biochemistry only)</b>	AST		Urine Sediment
<input type="checkbox"/> SICK EQUINE PANEL	Bicarbonate		Specific Gravity
<input type="checkbox"/> EQUINE TRAINING PANEL	Calcium		<b>PARASITOLOGY</b>
<input type="checkbox"/> ALLERCEPT EQUINE PANEL	Chloride		Faecal Egg Count Individual / Composite (circle)
<b>HAEMATOLOGY</b>	CK		Cryptosporidium
CBC + Fibrinogen	Copper		Cyathostome
Haemogram	Creatinine		Ectoparasites
WBC + Differential	Electrophoresis		Lungworm
Fibrinogen	Fractional Electrolyte Excretion (urine and blood)		<b>SEROLOGY</b>
ESR	GGT		Leptospira MAT (indicate serovar)
<b>PATHOLOGY</b>	GLDH		Equine IgG TIA / Screen (circle)
Site:	Glucose		EIA
Single Site	Magnesium		EHV – Type I & IV ELISA
2-3 Sites	Phosphate		EHV – SNT
4 or > sites (incl Brains)	Potassium		EVA* – Export Date / /
Uterine Biopsy	Selenium		EVA* – Breeding/other
Necropsy	Serum Amyloid A		<small>*appendix 1 &amp; 5 of scheme paperwork required for stallions</small>
<b>ENDOCRINOLOGY</b>	Sodium		<b>PCR</b>
Total T4	Total Bilirubin		Leptospira PCR
Progesterone	Total Protein		<b>OTHER TESTS</b>
PMSG (40-100 days)	Triglycerides		
Oestrone Sulphate (>100 days)	Urea		
Semen Evaluation – count	Zinc		
Semen Evaluation – morphology			
Testosterone			

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	

