

MineralCheck – trace element testing

Lab Number #

PRACTICE	OWNER NAME		
VETERINARIAN	OWNER ADDRESS/PH		
VET REF NUMBER			
DATE SAMPLES COLLECTED	FARM ID / NAIT / AGRIBASE		
<input type="checkbox"/> VET INTERPRETATION	AGE	BREED	SEX
<input type="checkbox"/> VET ALERT MESSAGE (include mobile number)	<input type="checkbox"/> BOVINE	<input type="checkbox"/> OVINE	<input type="checkbox"/> CERVINE <input type="checkbox"/> OTHER:

Have a custom trace element panel set up for your clinic? Let us know your custom test code here – you can still add on extras below.

Custom panel code: _____

Select the combination of testing that suits your requirements the best. We have provided our recommendations for each test type below.

Choose your blood tests (✓):	Number of samples to test:	We recommend:	Sample type:
<input type="checkbox"/> B12 (cobalt)	_____	10	Red top
<input type="checkbox"/> Copper	_____	10	Red top
<input type="checkbox"/> Ferroxidase	_____	10	Red top
<input type="checkbox"/> GPx	_____	5	EDTA
<input type="checkbox"/> Inorganic iodine	_____	5-10	Red top / EDTA / Heparin
<input type="checkbox"/> Magnesium	_____	10	Red top
<input type="checkbox"/> Selenium	_____	5-10	Red top / EDTA
<input type="checkbox"/> Zinc	_____	10	Red top
Choose your liver tests (✓):	Number of samples to test:		
<input type="checkbox"/> B12 (cobalt)	_____	5	Liver
<input type="checkbox"/> Copper	_____	≥10	Liver
<input type="checkbox"/> Selenium	_____	5	Liver
<input type="checkbox"/> Zinc	_____	5	Liver
Add on some extra tests (✓):	Number of samples to test:		
<input type="checkbox"/> GGT	_____	10	Red top
<input type="checkbox"/> Phosphate	_____	10	Red top
<input type="checkbox"/> Other:	_____		
Comments:			

SAMPLES RECEIVED (for lab use only)

Red top
 EDTA
 Heparin
 Liver
 Other