

LABORATORY REQUEST FORM

(PLEASE USE BLOCK LETTERS)

Veterinary Surgeon	Owner
Practice Code	Name of Animal
Veterinary Practice	Client Address
Address	Species
.....	Age.....Sex.....Breed.....
Telephone No:	Sample DatePlease Phone Results: <input type="checkbox"/>

CLINICAL HISTORY AND PROVISIONAL DIAGNOSIS

Previous Lab No:

Number of bottles sent

HAEMATOLOGY

- FULL BLOOD COUNT
(includes WBC and film comment)
- RETICULOCYTE COUNT
- PCV
- PLATELET COUNT
- BLOOD GROUP**

COAGULATION SCREEN

- (Pt, Aptt and Fibrinogen)

PRE ANAESTHETIC SCREEN

- (FBC, TP, ALB, ALT, ALP, Urea Creat, Glucose)

VIRUSES

- FELV/FIV COMBINED TEST
- PARVOVIRUS (FAECAL)

URINE ANALYSIS

- STIX + SPECIFIC GRAVITY
- SEDIMENT

CLINICAL CHEMISTRY

- FULL (ALL except Amylase, Lipase and CK)
- LIVER
- KIDNEY
- ELECTROLYTES (Na/K/C)
- EXTRA (Full plus Amylase and Lipase)

INDIVIDUAL TESTS

- AMYLASE
- LIPASE
- CK
- ALT
- AST
- ALP
- GGT
- TOTAL PROTEIN
- ALBUMIN
- TOTAL BILIRUBIN
- UREA
- CREATININE
- CHOLESTEROL
- GLUCOSE
- BILE ACID
- Ca
- PO4

- BILE ACID STIMULATION TEST**

ENDOCRINOLOGY

- Feline T4**

STATIONERY REQUEST

- PRE-PAID ENVELOPES
- REQUEST FORMS
- EDTA BOTTLES (RED)
- SERUM BOTTLES (WHITE)
- FLUORIDE OXALATE BOTTLES (YELLOW)
- BIOHAZARD BAGS