**LABORATORY REQUEST FORM**

**Practice Name & Address: Preferred Method of Reporting:**

[ ] **Tel:................................................**

[ ] **Email:............................................**

**Vet:......................................................... Date Sample Collected:...................................................**

**Owner name:......................................................................................................................................**

**Patient name(s):.................................................................................................................................**

**History/Current medication: ………………………………………………………………………………**

**…………………………………………………………………………………………………………………..**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | EDTA |  | EDTA plasma spun  |  | EDTA plasma settled |  | Urine |
|  | Heparin |  | Serum |  | Peritoneal fluid |  | Synovial Fluid |
|  | Tracheal wash |  | Bronchoalveolar lavage |  | Nasopharyngeal swab |  | Gutteral pouch wash |
|  | Faeces |  | Other |  |  |  |  |

 **Samples Submitted**

If ‘Other’ please specify:………………………………………………………………………………………

**Haematology/Biochemistry Profiles**

|  |  |  |  |
| --- | --- | --- | --- |
| EDTA |  | Haematology only |  |
| EDTA. Serum, Heparin |  | Full Profile | Haem, SAA, Fib, TP, Alb, Glob, AST, CK, GGT, Tbili, ALP, Creat, LDH, Electrolytes. + Bile Acids **[ ]**  |
| EDTA. Serum, Heparin |  | Liver | Haem, SAA, Fib, TP, Alb, Glob, AST, GGT, TBili, ALP, Bile acids |
| EDTA. Serum, Heparin |  | Renal | Haem, SAA, Fib, Urea, Creat, TP, Alb, Glob, Electrolytes |
| EDTA. Serum, Heparin |  | Racing/Athletic | Haem, Fib, AST, CK, TP, Alb, Glob, Electrolytes. + SAA **[ ]** |
| Heparin |  | Muscle enzymes | AST, CK |

**Endocrine Tests**

|  |  |
| --- | --- |
| EDTA | ☐ ACTH (free ACTH voucher codes will be obtained by the lab) |
| Serum | ☐ Fasted Insulin ☐ Progesterone |

**Faecal Tests**

☐ faecal egg count ☐ succeed fecal blood test ☐Other (Please specify)…………………………………

**Cytology**

|  |  |
| --- | --- |
| TW/BAL with cytospin and additional sample for culture | ☐ Tracheal wash ☐BAL ☐Peritoneal/Synovial fluid ☐ Other ☐ Culture and Sensitivity required |

If ‘Other’ please specify…………………………………………………………………………………….

**Urine analysis**

☐ Dipstick ☐ Cytology ☐ Culture and sensitivity required

☐ Other ………………………………………………………

**qPCR**

|  |  |  |  |
| --- | --- | --- | --- |
| PCR swab |  | Strep. equi (Strangles)  |  |
| PCR swab |  | Borrelia |  |
| PCR swab |  | Equine Influenza |  |
| PCR swab |  | Full Respiratory panel | Influenza, EHV 1 & 4, Str. equi equi |
| PCR swab |  | Respiratory-virus panel | Influenza, EHV 1 & 4 |

**Supplies required**

|  |  |
| --- | --- |
| ☐ Submission form☐ Postage labels☐ Swabs for PCR (£1 each) | ☐ FEC kit (Sample bag/pot, sub form, free post envelope)☐ Please tick if on care plan☐ Other …………………………………….. |

|  |
| --- |
| *Laboratory Use Only:**Date Received*  *Sample run* □ *Results written up* □ *Clinician called* □ *Booked by \_\_\_\_\_\_* □ |

 Comments: ………………………………………………………………………………………………..

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………