

# COTTS FARM EQUINE HOSPITAL



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## LABORATORY REQUEST FORM

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Practice Name & Address:

Preferred Method of Reporting:

Tel:.....

Fax:.....

Email:.....

Clinician:..... Date Sample Collected:.....

Owner name:.....

Patient name(s):.....

Patient history:.....

.....

### Samples Submitted

- EDTA             Heparin             Serum             Abdominocentesis  
 Faeces             Urine             Tracheal Wash     Bronchoalveolar Lavage

### Haematology/Biochemistry Profiles

- Haematology only  
 Full inflammatory (Haem, SAA, Fib, TP, Alb, Glob, AST, CK, GGT, ALP, Urea, Creat, Bile acids, LDH, GLDH)  
 Liver (Haem, SAA, Fib, TP, Alb, Glob, AST, CK, GGT, ALP, Bile acids, GLDH)  
 Renal (Haem, SAA, Fib, TP, Alb, Glob, Urea, Creat)  
 Racing/Athletic (Haem, AST, CK, Alb, Glob, Fib, SAA)  
 Muscle Enzymes (AST, CK)

### Faecal Tests

- Faecal egg count             Other (Please specify) \_\_\_\_\_

### Cytology

- Tracheal Wash             BAL             Peritoneal fluid

*Laboratory Use Only:*

Date Received \_\_\_\_\_ Sample run  Results written up  Clinician called  Booked by \_\_\_\_\_