



LABORATORY REQUEST FORM

Practice Name & Address:

[] Tel:.....

[] Email:.....

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

Owner name:.....

Patient name(s):.....

History:.....

.....

Samples Submitted

- [] EDTA [] EDTA Plasma Spun [] EDTA Plasma Settled
- [] Heparin [] Serum [] Peritoneal Fluid [] Synovial Fluid
- [] Tracheal Wash [] Bronchoalveolar Lavage [] Urine [] Faeces

Haematology/Biochemistry Profiles

- [] Haematology only
- [] Full Profile (Haem, SAA, Fib, TP, Alb, Glob, AST, CK, GGT, TBili, ALP, Urea, Creat, LDH, Electrolytes)
- [] Liver (Haem, SAA, Fib, TP, Alb, Glob, AST, GGT, TBili, ALP, Bile acids)
- [] Renal (Haem, SAA, Fib, Urea, Creat, TP, Alb, Glob, Electrolytes)
- [] Racing/Athletic (Haem, Fib, AST, CK, TP, Alb, Glob, Electrolytes) + SAA []
- [] Muscle Enzymes (AST, CK)

Endocrine Tests

- [] ACTH [] Insulin

Faecal Tests

- [] Faecal egg count [] Other (Please specify)_____

Cytology

- [] Tracheal Wash [] BAL [] Peritoneal/Synovial fluid

Laboratory Use Only:

Date Received _____ Sample run Results written up Clinician called Booked by _____