

Veterinary Laboratory Services TEST REQUEST FORM

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Clinic:	<input type="checkbox"/> Equine Specialist Hospital <input type="checkbox"/> Small Animal Hospital <input type="checkbox"/> Production Animal Service <input type="checkbox"/> Other:	Patient Details (or attach label)	
Clinician:		Patient #	
Billing: <i>include Subject Code or Chart String</i>	<input type="checkbox"/> Diagnostic <input type="checkbox"/> Teaching <input type="checkbox"/> Research Signed	Animal Name:	
Hendra vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Routine <input type="checkbox"/> Urgent		Owner Surname:	
Collection Date:	Collection Time:	Age/DOB:	Gender: M MN F FN
Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Equine Breed: <input type="checkbox"/> Avian <input type="checkbox"/> Reptile <input type="checkbox"/> Bovine <input type="checkbox"/> Ovine <input type="checkbox"/> Other:			

Samples submitted <input type="checkbox"/> Fasting <input type="checkbox"/> Post Prandial												
EDTA	Clot	Hep	Citrate	Fl Ox	Slide	Urine Voided	Cath	Cysto	Faeces	Parasite	Swab Site?	Fluid Site?
Tissues	1.	2.		3.			4.		5.			

History

Signed.....

Tests required				* denotes sendaway test (handling fee applies)			
Profiles	Haematology	Parasitology	Endocrinology				
<input type="checkbox"/> Comprehensive profile (CBC+MBA) <input type="checkbox"/> Pre-anaesthetic profile <input type="checkbox"/> Add interpretation <input type="checkbox"/> Add T4 <input type="checkbox"/> Add SDMA* <input type="checkbox"/> Add UA <input type="checkbox"/> Add Spec cPL/fPL*	<input type="checkbox"/> CBC <input type="checkbox"/> Add SAA & Iron <input type="checkbox"/> Add interpretation <input type="checkbox"/> Cross Match <input type="checkbox"/> Coagulation profile Urine Analysis <input type="checkbox"/> Urine analysis <input type="checkbox"/> UP/UC <input type="checkbox"/> Add interpretation <input type="checkbox"/> Add urine cytology <input type="checkbox"/> Add C&S (aerobic)	<input type="checkbox"/> Faecal float <input type="checkbox"/> Faecal Egg Count <input type="checkbox"/> Larval Culture & ID <input type="checkbox"/> Cryptosporidium <input type="checkbox"/> Giardia <input type="checkbox"/> Parasite ID <input type="checkbox"/> Baermann Technique <input type="checkbox"/> Fluke Egg Sedimentation <input type="checkbox"/> Other:	<input type="checkbox"/> Total T4 <input type="checkbox"/> Free T4* <input type="checkbox"/> Cortisol <input type="checkbox"/> TSH* <input type="checkbox"/> LDDST (2 or 3 x cortisol) <input type="checkbox"/> ACTH Stimulation (2 x cortisol) <input type="checkbox"/> ACTH (endogenous) <input type="checkbox"/> Insulin <input type="checkbox"/> TRH Stimulation (2 x ACTH) <input type="checkbox"/> Oral GTT (2 x insulin) <input type="checkbox"/> Progesterone				
Biochemistry	Cytology	Microbiology	Molecular				
<input type="checkbox"/> Full MBA <input type="checkbox"/> Metabolic panel <input type="checkbox"/> Electrolytes (Na/K/CL/HCO3) <input type="checkbox"/> Equine Exercise panel <input type="checkbox"/> Pre-anaesthetic panel <input type="checkbox"/> Renal panel <input type="checkbox"/> Liver panel <input type="checkbox"/> SAA & Iron <input type="checkbox"/> Bile Acids (single) <input type="checkbox"/> Bile Acids (pre & post panel) <input type="checkbox"/> 1 - 4 Biochemical analytes <input type="checkbox"/> Add interpretation <input type="checkbox"/> Add SDMA <input type="checkbox"/> Cobalamin* <input type="checkbox"/> Phenobarb*	<input type="checkbox"/> FNA/Impression smears <input type="checkbox"/> Bone marrow aspirate + CBC <input type="checkbox"/> Body Fluid analysis <input type="checkbox"/> Peritoneal fluid <input type="checkbox"/> Pericardial fluid <input type="checkbox"/> Pleural fluid <input type="checkbox"/> Tracheal Wash <input type="checkbox"/> BAL <input type="checkbox"/> Cerebrospinal fluid (Site?) <input type="checkbox"/> Cisternal <input type="checkbox"/> Lumbar <input type="checkbox"/> Synovial fluid (Site/s?)	<input type="checkbox"/> Aerobic C&S <input type="checkbox"/> + Anaerobic Culture <input type="checkbox"/> Salmonella <input type="checkbox"/> Fungal culture <input type="checkbox"/> Dermatophytes <input type="checkbox"/> Other:	<input type="checkbox"/> Hendra PCR* <input type="checkbox"/> Diarrhoea PCR* <input type="checkbox"/> Respiratory OCR* <input type="checkbox"/> Neurologic PCR* <input type="checkbox"/> Haemotropic Mycoplasma PCR* <input type="checkbox"/> Other:				
		Histopathology	Serology	Immunohistochemistry*			
		<input type="checkbox"/> 1 Tissue <input type="checkbox"/> 2 Tissues <input type="checkbox"/> 3 Tissues <input type="checkbox"/> 4 Tissues <input type="checkbox"/> >4 Tissues <input type="checkbox"/> Whole organ	<input type="checkbox"/> Toxoplasma IgG IgM* <input type="checkbox"/> Neospora* <input type="checkbox"/> Cryptococcus (LCAT)*				
			Other tests:				

Samples Received (Lab Use Only)			
Date:	Time:	Initials:	Entered? Initials: