

SAMPLE SUBMISSION FORM

Submitting Veterinary Practice:

Submission Date:

Submitting Veterinary Surgeon:

Owner/Trainer:

Name of Animal:

BLOOD SAMPLES

Please tick a blood profile, and/or any tests required below

Racing/Performance	Haem, Diff, TP, Fib, Alb, AAT, CPK, SAA					
Full/Geriatric/ Investigative	Haem, Diff, TP, Fib, Alb, AAT, CPK, AP, IAP, GLDH, GGT, Urea, Creatinine, Total Bilirubin, Bile Acids, SAA					
Inflammatory	Haem, Diff, TP, Fib, Alb, SAA					
Parasitism	Haem, Diff, TP, Fib, Alb, AP, IAP					
Renal	Haem, Diff, TP, Fib, Alb, Urea, Creatinine, SAA					
Liver	Haem, Diff, TP, Fib, Alb, GLDH, GGT, Total Bilirubin, Bile Acids					
Haematology only	<input type="checkbox"/>	TP (R)	<input type="checkbox"/>	Alb (R)	<input type="checkbox"/>	AAT (G/R)
Haem and Diff	<input type="checkbox"/>	AP (R)	<input type="checkbox"/>	GGT (G)	<input type="checkbox"/>	CPK (G/R)
PCV only (P)	<input type="checkbox"/>	IAP (R)	<input type="checkbox"/>	Urea (R)	<input type="checkbox"/>	Bile Acids (R)
Electrolytes (G)	<input type="checkbox"/>	GLDH (G)	<input type="checkbox"/>	Creatinine (R)	<input type="checkbox"/>	LDH (R)
SAA (R)	<input type="checkbox"/>	Fib (R, G)	<input type="checkbox"/>	Total Bilirubin (R)	<input type="checkbox"/>	Trigs (R)

Please submit an EDTA (PURPLE), plain (RED) and lithium heparin (GREEN) tube for all blood samples.

OTHER LABORATORY SAMPLES

Please tick the correct box for the type of sample, and if necessary write any additional instructions (extra tests required, urgency, specific sensitivities, etc) in the right-hand column

Tracheal Wash	<input type="checkbox"/>	
Urine Sample (dipstick & specific gravity)	<input type="checkbox"/>	
Worm Egg Count	<input type="checkbox"/>	
Skin Scrape (microscopic exam & culture)	<input type="checkbox"/>	
CEM Swab	<input type="checkbox"/>	
Stallion Swabs	<input type="checkbox"/>	
Cervical Swab	<input type="checkbox"/>	
Culture & Sensitivity (please state site)	<input type="checkbox"/>	
Joint Fluid (cell count & total protein)	<input type="checkbox"/>	
Peritoneal tap (cell count & total protein)	<input type="checkbox"/>	
IgG (please submit in green tube)	<input type="checkbox"/>	
Strangle culture	<input type="checkbox"/>	
Facial culture (inc. Salmonella)	<input type="checkbox"/>	
Foal tracheal wash (inc. Rhodococcus equi)	<input type="checkbox"/>	

HISTORY/ADDITIONAL COMMENTS: