

## **Companion Animal Submission Form**

( 0800 838 522

Practice Information	Patient Ir	Patient Information					Form ID			
Clinic Doctor Extra Copy to Extra Email / Fax  Clinical History & Observation (including of	Microchip Owner St Submitte Patient N Species Breed Sex DOB or Age	Previous Case/Lab No.  Microchip No. Owner Surname Submitter Reference Patient Name Species Breed Sex					Office Use Only Version 1 - Jan 2020  Requisition Information Collection Date Collection Time Laboratory Service Agreement Number:  Fasting Not Fasting Cortisol Times			
Other Tests Requested Test Code Test Name / Description (Refer to Directory	f Products & Services)						] = ( ] = ( ] = F	CBC COAG PT	d Coagulation Tests Comprehensive CBC (Interpreted) Coagulation Profile (Citrate Tube Req. vW Factor (Citrate Tube Req.)	q.)
Frequently Requested Profiles	<del></del>							3G <mark>mistry Test</mark>	Blood Group (EDTA)	
= NZHS   NZVP Health Screen (inc. CBC)     = TAHP   Total Annual Health Profile (inc. CBC)     = CBF   Complete Body Function (inc. CBC)     = PCP   Preventive Care Profile (inc. CBC)     = IRSP   IDEXX SDMA Renal Panel     = PAP   Pre-Anaesthetic Panel     = GP   Geriatric Panel     = NSAID   NSAID Panel     Urine Tests     = HUA   Full Urinalysis     = HUASG   Sediment + SG     = AERS   Culture + Sensitivities     = UCPR   Urine Protein: Creatinine Ratio     Faecal Tests     = CFECO   Faecal Egg Count + Coccidia     = GIPOFECOLOG   Gastrointestinal Panel     = CAPPOFECOLOG   Parasitology Panel     SAIDO   SAIDO   SAIDO     = SAIDO   SAIDO   SAIDO   SAIDO     = CAPPOFECOLOG   Parasitology Panel     SAIDO   SAIDO   SAIDO   SAIDO   SAIDO   SAIDO     = CAPPOFECOLOG   Parasitology Panel     SAIDO   SAID		Spec Paraction Cardior Cardior Canine Canine Feline I Ringwo Feline I Feline I Feline I State State SNAP F Lepto P	ancreatic Lipas Pet® ProBNP  Diarrhoea Pan Respiratory Di Leptospira spp Diarrhoea Pane rm Panel Conjunctivitis I Gingivitis Pane Jpper Respirat Anaemia Panel Haemotropic N	el sease Pao. Panel I	ntitative anel		= E     = S	BILAC SB12F FRU JRE CRE nology / Th ACTH JCCR LDDS TSH CT4/FET4 PROG PHENO KBR BPB Advantage	Bile Acids B12 / Folate Fructosamine Urea Creatinine eriogenology / Therapeutic Tests ACTH Stimulation (2x cortisol) Cortisol / Creatinine Ratio (Urine) Low Dose Dex Suppression (3x corti TSH Total T4 (Thyroxine) Progesterone Phenobarbitone Potassium Bromide Lead	
= ENT2 Salmonella & Campylobacter		= TOXSA Toxoplasma					=		Blood Film (Exam & Interpretation)	
= CG Giardia / Cryptosporidium ELISA = CPV SNAP Parvo Antigen  Histology / Cytology / Microbiology	= NEO	Neospo				SE	=	AHD Samples	Interpretation of In House Diagnostic  Submitted (Required Information)	S
Lesion Size x x mm  Mobile/Fixed New/Recurrence Dermal/Subcutaneous  (please indicate)  Please indicate colorite and tick tests in Site #1  Site #2  Site #3		Abology  Abology	Cytology Slide Analysis Side Standard Analysis Side Standard Analysis Standard Analy	Aerobic Culture & Sensitivities		Fungal Culture		Fluid (Purp Swab Urine - Co Faeces	ey Top) ed Top) rple Top) ue Top) ttle (Red Top) ple Top)	
Site #4							Fresh Tissue Fixed Tissue			
Ventral Dorsal Site #5						#		Hair Other:		