

<p style="text-align: center; color: red;">Practice Information</p> <p>Clinic _____ Doctor _____ Extra Copy to _____ Extra Email / Fax _____</p>	<p style="text-align: center; color: red;">Patient Information</p> <p>Previous Case/Lab No. _____ Microchip No. _____ Owner Surname _____ Submitter Reference _____ Patient Name _____ Species _____ Breed _____ Sex <input type="checkbox"/> F <input type="checkbox"/> F(N) <input type="checkbox"/> M <input type="checkbox"/> M(N) DOB _____ or Age ____ Years ____ Months</p>	<p style="text-align: center; color: red;">Form ID</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Office Use Only Version 1 - May 2016 </div> <p>Requisition Information</p> <p>Collection Date ____ / ____ /20 Collection Time _____ am/pm Laboratory Service Agreement Number: _____</p>
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Clinical History & Observation (including description of any gross skin or mass lesions and any recent therapy): Fasting Not Fasting Cortisol Times

Staff

Other Tests Requested

Test Code	Test Name / Description (Refer to Directory of Products & Services)

Haematology and Coagulation Tests

- = CBC Complete Blood Count with interpretation
- = COAG Coagulation Profile (Citrate Tube Req.)
- = PT Prothrombin Time (Citrate Tube Req.)
- = VWF vW Factor (Citrate Tube Req.)
- = BG Blood Group (EDTA)

Frequently Requested Profiles

- = RPINT Path Interp Required (Profiles Below)
- = NZHS NZVP Health Screen
- = TAHP Total Annual Health Profile
- = CBF Complete Body Function
- = IRSP IDEXX SDMA Renal Panel
- = PAP Pre-Anaesthetic Panel
- = GP Geriatric Panel

IDEXX Exclusive Tests

- = CPL/FPL SNAP® Pancreatic Lipase - Qualitative
- = SPEC Spec Pancreatic Lipase - Quantitative
- = BNP CardioPet® ProBNP

IDEXX RealPCR™ Tests

- = NZCDSP Canine Diarrhoea Panel
- = NZCRS Canine Respiratory Disease Panel
- = LPT Canine Leptospira spp. Panel
- = NZFDCP Feline Diarrhoea Panel
- = NZRING Ringworm Panel
- = NZCONJ Feline Conjunctivitis Panel
- = NZGINP Feline Gingivitis Panel
- = NZFUR Feline Upper Respiratory Disease Panel
- = NZAPCF Feline Anaemia Panel
- = HMY Feline Haemotropic Mycoplasma

Biochemistry Tests

- = BILAC Bile Acids
- = SB12F B12 / Folate
- = FRU Fructosamine
- = TLI TLI
- = UREA Urea
- = CRE Creatinine

Urine Tests

- = HUA Full Urinalysis
- = HUASG Sediment + SG
- = AERS Urine Culture + Sensitivities
- = UCPR Urine Protein: Creatinine Ratio

Serology Tests

- = FEVP SNAP FIV + FeLV
- = LEPTO Lepto Panel
- = TOXO Toxoplasma
- = NEO Neospora IFAT

Endocrinology / Theriogenology / Therapeutic Tests

- = ACTH ACTH Stimulation (2x cortisol)
- = UCCR Cortisol / Creatinine Ratio (Urine)
- = LDDST Low Dose Dex Suppression (3x cortisol)
- = TSH TSH
- = CT4/FET4 Total T4 (Thyroxine)
- = EPROG Progesterone
- = PHENO Phenobarbitone
- = KBR Potassium Bromide
- = BPB Lead

Faecal Tests

- = GIP_{CFE0010G} Gastrointestinal Panel
- = CAPP_{CFE0010G} Parasitology Panel
- = ENT2 Salmonella & Campylobacter
- = CG Giardia / Cryptosporidium ELISA
- = CPV SNAP Parvo Antigen

IDEXX Advantage

- = IABF Blood Film (Exam & Interpretation)
- = IAHD Interpretation of In House Diagnostics

Histology / Cytology / Microbiology

Lesion Size	x	x	mm	Histology	Cytology	Microbiology				
Mobile/Fixed										
New/Recurrence										
Dermal/Subcutaneous										
(please indicate)				Please indicate collection site and tick tests required						
				Histology	Cytology Slide Analysis	Fluid Analysis Cytology	Aerobic Culture & Sensitivities	Anaerobic Culture	Fungal Culture	
				Site #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Site #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Site #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Site #4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Site #5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SENT RC'D SAMPLES SUBMITTED (Required Information)

	Heparin (Green Top)
	Fl. Ox (Grey Top)
	Serum (Red Top)
	EDTA (Purple Top)
	Slide(s)
	Citrate (Blue Top)
	Fluid / Pottle (Red Top)
	Fluid (Purple Top)
	Swab
	Urine - Collection Method:
	Faeces
	Fresh Tissue
	Fixed Tissue
	Hair
	Other: