

Equine Animal Submission Form

(0800 838 522

Practice Info	ormation Patient	Patient Information						Form ID				
	Microch Owner S	Previous Case/Lab No. Microchip No. Owner Surname					Office Use Only Version 1 - Jan 2020					
		Submitter Reference						Requisition Information				
	Species	Patient Name Species						Collection Date Collection Time				
Clinic	Breed_	Breed						Laboratory Service Agreement Number:				
Doctor	Sex [Sex F F(N) M M(N)								<u> </u>		
Extra Copy to Extra Email / Fax			oro.								<u>-</u>	
•		or Age Years Months						History Code				
	o. Affected Wild (non r		Captive Fa	cility (no	on nativ	/e)			ry Code panion	Other	_	
Clinical History & Observation						ve)	L	COIT	Ιραι ΙΙΟΙ Ι	Otriei		
										☐ Sta	ıff	
Other Tests Requested IDEXX Code Test Name / Description (Ref		,		_	_			matolo = FIB	ogy Tests			
IDEAN COULE TEST MAINE / DESCRIPTION (RE	ter to Directory of Products & Service	bducts & Services)						= CBC		prinogen imprehensive CBC $+$ FIB (includes interpre	tation)	
								= ABC	AB	C		
Frequently Requested Profiles IDEXX RealPCR™ Tests								= DCT	Co try Tests	omb's Test		
= INFP Equine Inflammatory Panel		= ERP Equine Respiratory Panel						= CK	CK			
Equine Racing Profile (inc. (= EDPC Equine Diarrhoea Panel						= AST	AS			
= SPE Equine Sick Animal Panel = SPEF Equine Off-Colour Profile (in		Serology Tests						SCU Copper				
= SPEF Equine Oil-Colour Profile (II	,	= LEPTOH Leptospira Panel Endocrinology Tests						= BSE = SFE	Iro	ood Selenium n		
Urine Tests		= ET4 Total T4 (Thyroxine)						= SAA				
= HUA Full Urinalysis (Dipstick, Sec		= EINS Insulin						= IGGT		lostral Transfer <21 days		
= AERS Urine Culture + Sensitivitie Faecal Tests		= PROG Progesterone = EACTH Endogenous ACTH (Call Lab)						= BILA = TPE		e Acids ectrophoresis		
= HFEC Faecal egg count		· · · · · · · · · · · · · · · · · · ·						= VITE		amin E		
= CAMP Campylobacter Culture		= OSFEM Oestrone Sulphate (>100 days preg.)						= TRO		ponin I		
= CRYPT Cryptosporidium Culture = RHD Rhodococcus Culture		Microbiology Tests = STREQ Streptococcus equi ss. equi						IDEXX Advantage = IABF Blood Film				
= ROTA Rotavirus		= STEQS Streptococcus equi ss. equi + Sens.								erpretation of In House Diagnostics		
= SALM Salmonella Culture	—	Rhodococcus										
Cyathostome Larvae Exam = LC Larval Culture		= AERHU Equine Uterine Swab (Aerobic Culture & Smear) = AERSHU Equine Uterine Swab (Aerobic Culture, Sens. & Smear)										
		Equille Otellile Swab (Aerobic Culture, Sens. & Smear)						RC'D S	amples Su	bmitted (Required Information)		
								eparin (Gree				
11:-4-1/0-4-1/88:								. Ox (Grey 1				
Histology / Cytology / Microbiology						-		erum (Red 1 OTA (Purple				
Lesion Size x x mm Mobile/Fixed		Histology Cytology Microl					\dashv		ide(s)	, 100)		
New/Recurrence							Citrate (Blue Top)					
(please indicate)			Slide	lture S	Sultu	ture	_		uid / Pottle			
I I	indicate collection	Histology	sis Analy	ic Cu	obic (Fungal Culture	\dashv		uid (Purple wab	10p)		
site and	site and tick tests required		Cytology Slide Analysis Fluid Analysis Cytology	Aerobic Culture & Sensitivities	Anaerobic Culture	-unga				ction Method:		
Site #	1					$\ddot{\dashv}$			Faeces			
									Fresh Tissue Fixed Tissue			
Site #			 						air			
Site #	3			[]				0	hor.			