

<b>Practice Information</b> Clinic ..... Doctor ..... Extra Copy to ..... Extra Email / Fax .....	<b>Patient Information</b> <b>Previous Case/Lab No.</b> ..... Owner Reference ..... Submitter Reference ..... Animal Name / ID ..... Species: <input type="checkbox"/> Bovine <input type="checkbox"/> Caprine <input type="checkbox"/> Ovine <input type="checkbox"/> Cervine <input type="checkbox"/> Camelid <input type="checkbox"/> Porcine 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	<b>Form ID</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">Office Use Only Version 1 - May 2016</div> <b>Requisition Information</b> Collection Date     /     /20 Collection Time                     am/pm Laboratory Service Agreement Number: .....
---	--	--

No. At Risk <input type="text"/>	No. Affected <input type="text"/>	No. Dead <input type="text"/>	History Code <input type="text"/>
Animal Use: <input type="checkbox"/> Dairy <input type="checkbox"/> Meat <input type="checkbox"/> Fibre <input type="checkbox"/> Backyard <input type="checkbox"/> Commercial <input type="checkbox"/> Other			

**Clinical History & Observation** (including description of any gross skin or mass lesions and any recent therapy):

.....

.....

.....

.....

Staff

<b>Other Tests Requested</b>	<b>Haematology Tests</b>												
<table border="1"><thead><tr><th>IDEXX Code</th><th>Test Name / Description (Refer to Directory of Products &amp; Services)</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>	IDEXX Code	Test Name / Description (Refer to Directory of Products & Services)							<input type="checkbox"/> = CBC   CBC + FIB (includes interpretation) <input type="checkbox"/> = FIB   Fibrinogen <input type="checkbox"/> = HTP   Theileria Smear Exam				
IDEXX Code	Test Name / Description (Refer to Directory of Products & Services)												
<table border="1"><thead><tr><th>Frequently Requested Profiles</th><th>IDEXX Exclusive Tests</th></tr></thead><tbody><tr><td><input type="checkbox"/> = RPINT   Path Interp Required (Profiles Below)  <input type="checkbox"/> = MP      Metabolic Panel <input type="checkbox"/> = DCP      Downer Screen <input type="checkbox"/> = SCP      Sick Production Profile <input type="checkbox"/> = HTPS     Theileria Panel <input type="checkbox"/> = LP        Liver Panel</td><td><input type="checkbox"/> = PAGEL   Serum Pregnancy Test ELISA &gt;4weeks</td></tr><tr><td><b>Trace Element Profiles</b> <input type="checkbox"/> = ACP     Autumn Cow Profile (ACP) Bloods <input type="checkbox"/> = SB12    Add Serum B12  <input type="checkbox"/> = ACPL    Autumn Cow Profile (ACP) Liver <input type="checkbox"/> = LB12    Add Liver B12  <input type="checkbox"/> = LCP     Lactating Cow Profile (LCP) Bloods <input type="checkbox"/> = SB12    Add Serum B12</td><td><b>Microbiology Tests</b> <input type="checkbox"/> = AER     Aerobic Culture (Sensitivities if Req.) <input type="checkbox"/> = ANAER   Anaerobic Culture <input type="checkbox"/> = MASTC   Milk Culture (Sensitivities if Req.) <input type="checkbox"/> = DELVO   Milk Inhibitory Substances <input type="checkbox"/> = SALM    Salmonella <input type="checkbox"/> = YER     Yersinia <input type="checkbox"/> = CAMP    Campylobacter <input type="checkbox"/> = LIST    Listeria</td></tr><tr><td><b>Serology Tests</b> <input type="checkbox"/> = BRUCF   Brucella Ovis CFT <input type="checkbox"/> = BVDAB   BVD Ab ELISA   <input type="checkbox"/> Single <input type="checkbox"/> Pool <input type="checkbox"/> = BVDM    BVD Ab ELISA (Bulk Milk) <input type="checkbox"/> = BVDAG   BVD Ag ELISA (&gt;35 Days) <input type="checkbox"/> = CAE     CAE Ab ELISA <input type="checkbox"/> = EBL     EBL Ab ELISA   <input type="checkbox"/> Single <input type="checkbox"/> Pool <input type="checkbox"/> = IBREL   IBR Ab ELISA <input type="checkbox"/> = JEL     Johne's Ab ELISA <input type="checkbox"/> = LEPTO   Lepto Panel MAT <input type="checkbox"/> = FH      Liver Fluke Ab ELISA <input type="checkbox"/> Single <input type="checkbox"/> Pool <input type="checkbox"/> = FHM     Liver Fluke Ab ELISA (Milk) <input type="checkbox"/> = NEO     Neospora IFAT <input type="checkbox"/> = NEOEL   Neospora ELISA <input type="checkbox"/> = TOXSC   Toxoplasma Screen LAT <input type="checkbox"/> = BSURE   Ostertagia A ELISA (BSURE)</td><td><b>Faecal Tests</b> <input type="checkbox"/> = CRYPT   Cryptosporidium <input type="checkbox"/> = CORONA   Coronavirus <input type="checkbox"/> = ROTA     Rotavirus <input type="checkbox"/> = FEC      FEC           <input type="checkbox"/> Single <input type="checkbox"/> Pool <input type="checkbox"/> = FECO     FEC + Coccidia   <input type="checkbox"/> Single <input type="checkbox"/> Pool <input type="checkbox"/> = FECRT    Faecal Egg Count Reduction <input type="checkbox"/> = FLU      Fluke           <input type="checkbox"/> Single <input type="checkbox"/> Pool <input type="checkbox"/> = LC       Larval Culture <input type="checkbox"/> = LUNL     Lungworm Larvae <input type="checkbox"/> Single <input type="checkbox"/> Pool <input type="checkbox"/> = CP1      Calf Diarrhoea &lt;1 week panel <input type="checkbox"/> = CP2      Calf Diarrhoea &lt;1-4 week(s) panel <input type="checkbox"/> = CP3      Calf Diarrhoea &gt;1 month panel</td></tr><tr><td><b>PCR Tests</b> <input type="checkbox"/> = BAGPCR   BVD (Pooled) Calf &lt;35 Days <input type="checkbox"/> = BVDMP    BVD (Bulk Milk) <input type="checkbox"/> = PCRSL    Leptospira <input type="checkbox"/> = PCRTIKE   Theileria Ikeda</td><td><b>Pathology Tests</b> <input type="checkbox"/> = NEC      Necropsy / Foetal Examination <input type="checkbox"/> = HINT     Histology Single Tissue <input type="checkbox"/> = MINT     Histology Multiple / PM Tissues <input type="checkbox"/> = VASD1    Vas Deferens   <input type="checkbox"/> Fluid <input type="checkbox"/> Smear <input type="checkbox"/> = CYINT    Cytology</td></tr><tr><td> </td><td><b>Toxicology Tests</b> <input type="checkbox"/> = BPB      Lead <input type="checkbox"/> = PNO4     Nitrate       <input type="checkbox"/> Plant <input type="checkbox"/> Ocular <input type="checkbox"/> = GSPC     FE Spore Count</td></tr></tbody></table>	Frequently Requested Profiles	IDEXX Exclusive Tests	<input type="checkbox"/> = RPINT   Path Interp Required (Profiles Below)  <input type="checkbox"/> = MP      Metabolic Panel <input type="checkbox"/> = DCP      Downer Screen <input type="checkbox"/> = SCP      Sick Production Profile <input type="checkbox"/> = HTPS     Theileria Panel <input type="checkbox"/> = LP        Liver Panel	<input type="checkbox"/> = PAGEL   Serum Pregnancy Test ELISA >4weeks	<b>Trace Element Profiles</b> <input type="checkbox"/> = ACP     Autumn Cow Profile (ACP) Bloods <input type="checkbox"/> = SB12    Add Serum B12  <input type="checkbox"/> = ACPL    Autumn Cow Profile (ACP) Liver <input type="checkbox"/> = LB12    Add Liver B12  <input type="checkbox"/> = LCP     Lactating Cow Profile (LCP) Bloods <input type="checkbox"/> = SB12    Add Serum B12	<b>Microbiology Tests</b> <input type="checkbox"/> = AER     Aerobic Culture (Sensitivities if Req.) <input type="checkbox"/> = ANAER   Anaerobic Culture <input type="checkbox"/> = MASTC   Milk Culture (Sensitivities if Req.) <input type="checkbox"/> = DELVO   Milk Inhibitory Substances <input type="checkbox"/> = SALM    Salmonella <input type="checkbox"/> = YER     Yersinia <input type="checkbox"/> = CAMP    Campylobacter <input type="checkbox"/> = LIST    Listeria	<b>Serology Tests</b> <input type="checkbox"/> = BRUCF   Brucella Ovis CFT <input type="checkbox"/> = BVDAB   BVD Ab ELISA <input type="checkbox"/> Single <input type="checkbox"/> Pool <input type="checkbox"/> = BVDM    BVD Ab ELISA (Bulk Milk) <input type="checkbox"/> = BVDAG   BVD Ag ELISA (>35 Days) <input type="checkbox"/> = CAE     CAE Ab ELISA <input type="checkbox"/> = EBL     EBL Ab ELISA <input type="checkbox"/> Single <input type="checkbox"/> Pool <input type="checkbox"/> = IBREL   IBR Ab ELISA <input type="checkbox"/> = JEL     Johne's Ab ELISA <input type="checkbox"/> = LEPTO   Lepto Panel MAT <input type="checkbox"/> = FH      Liver Fluke Ab ELISA <input type="checkbox"/> Single <input type="checkbox"/> Pool <input type="checkbox"/> = FHM     Liver Fluke Ab ELISA (Milk) <input type="checkbox"/> = NEO     Neospora IFAT <input type="checkbox"/> = NEOEL   Neospora ELISA <input type="checkbox"/> = TOXSC   Toxoplasma Screen LAT <input type="checkbox"/> = BSURE   Ostertagia A ELISA (BSURE)	<b>Faecal Tests</b> <input type="checkbox"/> = CRYPT   Cryptosporidium <input type="checkbox"/> = CORONA   Coronavirus <input type="checkbox"/> = ROTA     Rotavirus <input type="checkbox"/> = FEC      FEC <input type="checkbox"/> Single <input type="checkbox"/> Pool <input type="checkbox"/> = FECO     FEC + Coccidia <input type="checkbox"/> Single <input type="checkbox"/> Pool <input type="checkbox"/> = FECRT    Faecal Egg Count Reduction <input type="checkbox"/> = FLU      Fluke <input type="checkbox"/> Single <input type="checkbox"/> Pool <input type="checkbox"/> = LC       Larval Culture <input type="checkbox"/> = LUNL     Lungworm Larvae <input type="checkbox"/> Single <input type="checkbox"/> Pool <input type="checkbox"/> = CP1      Calf Diarrhoea <1 week panel <input type="checkbox"/> = CP2      Calf Diarrhoea <1-4 week(s) panel <input type="checkbox"/> = CP3      Calf Diarrhoea >1 month panel	<b>PCR Tests</b> <input type="checkbox"/> = BAGPCR   BVD (Pooled) Calf <35 Days <input type="checkbox"/> = BVDMP    BVD (Bulk Milk) <input type="checkbox"/> = PCRSL    Leptospira <input type="checkbox"/> = PCRTIKE   Theileria Ikeda	<b>Pathology Tests</b> <input type="checkbox"/> = NEC      Necropsy / Foetal Examination <input type="checkbox"/> = HINT     Histology Single Tissue <input type="checkbox"/> = MINT     Histology Multiple / PM Tissues <input type="checkbox"/> = VASD1    Vas Deferens <input type="checkbox"/> Fluid <input type="checkbox"/> Smear <input type="checkbox"/> = CYINT    Cytology		<b>Toxicology Tests</b> <input type="checkbox"/> = BPB      Lead <input type="checkbox"/> = PNO4     Nitrate <input type="checkbox"/> Plant <input type="checkbox"/> Ocular <input type="checkbox"/> = GSPC     FE Spore Count	<b>Biochemistry Tests</b> <input type="checkbox"/> = B12     B12 (Cobalt) <input type="checkbox"/> Serum <input type="checkbox"/> Liver <input type="checkbox"/> = CU      Copper <input type="checkbox"/> Serum <input type="checkbox"/> Liver <input type="checkbox"/> Plasma <input type="checkbox"/> = SE      Selenium <input type="checkbox"/> Serum <input type="checkbox"/> Liver <input type="checkbox"/> Plasma <input type="checkbox"/> = ZN      Zinc <input type="checkbox"/> Serum <input type="checkbox"/> Liver <input type="checkbox"/> = FX      Ferroxidase <input type="checkbox"/> = GPX     Glutathione Peroxidase <input type="checkbox"/> = MG      Magnesium <input type="checkbox"/> = CA      Calcium <input type="checkbox"/> = PO4     Phosphate <input type="checkbox"/> = GGTC    GGT <input type="checkbox"/> = SIOD    Iodine <input type="checkbox"/> = NEFA    Non-Esterified Fatty Acids <input type="checkbox"/> = BOH     Beta Hydroxybutyrate <input type="checkbox"/> = PEP     Pepsinogen <input type="checkbox"/> = BOVTIA  IgG (<21 days)
Frequently Requested Profiles	IDEXX Exclusive Tests												
<input type="checkbox"/> = RPINT   Path Interp Required (Profiles Below)  <input type="checkbox"/> = MP      Metabolic Panel <input type="checkbox"/> = DCP      Downer Screen <input type="checkbox"/> = SCP      Sick Production Profile <input type="checkbox"/> = HTPS     Theileria Panel <input type="checkbox"/> = LP        Liver Panel	<input type="checkbox"/> = PAGEL   Serum Pregnancy Test ELISA >4weeks												
<b>Trace Element Profiles</b> <input type="checkbox"/> = ACP     Autumn Cow Profile (ACP) Bloods <input type="checkbox"/> = SB12    Add Serum B12  <input type="checkbox"/> = ACPL    Autumn Cow Profile (ACP) Liver <input type="checkbox"/> = LB12    Add Liver B12  <input type="checkbox"/> = LCP     Lactating Cow Profile (LCP) Bloods <input type="checkbox"/> = SB12    Add Serum B12	<b>Microbiology Tests</b> <input type="checkbox"/> = AER     Aerobic Culture (Sensitivities if Req.) <input type="checkbox"/> = ANAER   Anaerobic Culture <input type="checkbox"/> = MASTC   Milk Culture (Sensitivities if Req.) <input type="checkbox"/> = DELVO   Milk Inhibitory Substances <input type="checkbox"/> = SALM    Salmonella <input type="checkbox"/> = YER     Yersinia <input type="checkbox"/> = CAMP    Campylobacter <input type="checkbox"/> = LIST    Listeria												
<b>Serology Tests</b> <input type="checkbox"/> = BRUCF   Brucella Ovis CFT <input type="checkbox"/> = BVDAB   BVD Ab ELISA <input type="checkbox"/> Single <input type="checkbox"/> Pool <input type="checkbox"/> = BVDM    BVD Ab ELISA (Bulk Milk) <input type="checkbox"/> = BVDAG   BVD Ag ELISA (>35 Days) <input type="checkbox"/> = CAE     CAE Ab ELISA <input type="checkbox"/> = EBL     EBL Ab ELISA <input type="checkbox"/> Single <input type="checkbox"/> Pool <input type="checkbox"/> = IBREL   IBR Ab ELISA <input type="checkbox"/> = JEL     Johne's Ab ELISA <input type="checkbox"/> = LEPTO   Lepto Panel MAT <input type="checkbox"/> = FH      Liver Fluke Ab ELISA <input type="checkbox"/> Single <input type="checkbox"/> Pool <input type="checkbox"/> = FHM     Liver Fluke Ab ELISA (Milk) <input type="checkbox"/> = NEO     Neospora IFAT <input type="checkbox"/> = NEOEL   Neospora ELISA <input type="checkbox"/> = TOXSC   Toxoplasma Screen LAT <input type="checkbox"/> = BSURE   Ostertagia A ELISA (BSURE)	<b>Faecal Tests</b> <input type="checkbox"/> = CRYPT   Cryptosporidium <input type="checkbox"/> = CORONA   Coronavirus <input type="checkbox"/> = ROTA     Rotavirus <input type="checkbox"/> = FEC      FEC <input type="checkbox"/> Single <input type="checkbox"/> Pool <input type="checkbox"/> = FECO     FEC + Coccidia <input type="checkbox"/> Single <input type="checkbox"/> Pool <input type="checkbox"/> = FECRT    Faecal Egg Count Reduction <input type="checkbox"/> = FLU      Fluke <input type="checkbox"/> Single <input type="checkbox"/> Pool <input type="checkbox"/> = LC       Larval Culture <input type="checkbox"/> = LUNL     Lungworm Larvae <input type="checkbox"/> Single <input type="checkbox"/> Pool <input type="checkbox"/> = CP1      Calf Diarrhoea <1 week panel <input type="checkbox"/> = CP2      Calf Diarrhoea <1-4 week(s) panel <input type="checkbox"/> = CP3      Calf Diarrhoea >1 month panel												
<b>PCR Tests</b> <input type="checkbox"/> = BAGPCR   BVD (Pooled) Calf <35 Days <input type="checkbox"/> = BVDMP    BVD (Bulk Milk) <input type="checkbox"/> = PCRSL    Leptospira <input type="checkbox"/> = PCRTIKE   Theileria Ikeda	<b>Pathology Tests</b> <input type="checkbox"/> = NEC      Necropsy / Foetal Examination <input type="checkbox"/> = HINT     Histology Single Tissue <input type="checkbox"/> = MINT     Histology Multiple / PM Tissues <input type="checkbox"/> = VASD1    Vas Deferens <input type="checkbox"/> Fluid <input type="checkbox"/> Smear <input type="checkbox"/> = CYINT    Cytology												
	<b>Toxicology Tests</b> <input type="checkbox"/> = BPB      Lead <input type="checkbox"/> = PNO4     Nitrate <input type="checkbox"/> Plant <input type="checkbox"/> Ocular <input type="checkbox"/> = GSPC     FE Spore Count												
	<b>SENT RC'D SAMPLES SUBMITTED (Required Information)</b>												
	<input type="checkbox"/> Heparin (Green Top)												
	<input type="checkbox"/> Serum (Red Top)												
	<input type="checkbox"/> EDTA (Purple Top)												
	<input type="checkbox"/> Slide(s)												
	<input type="checkbox"/> Citrate (Blue Top)												
	<input type="checkbox"/> Fluid / Pottle (Red Top)												
	<input type="checkbox"/> Fluid (Purple Top)												
	<input type="checkbox"/> Swab												
	Urine - Collection Method:												
	<input type="checkbox"/> Faeces												
	<input type="checkbox"/> Fresh Tissue												
	<input type="checkbox"/> Fixed Tissue												
	<input type="checkbox"/> Hair												
	<input type="checkbox"/> Milk												
	<input type="checkbox"/> Other:												