

<b>Practice Information</b>  PMS Reference _____ Clinic _____ Veterinarian _____ 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: _____ Yrs _____ Mths	<b>Form ID</b> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Office Use Only  Version 5 - March 2022 </div> <b>Requisition Information</b> Collection Date _____ Collection Time _____ am / pm Laboratory Service Agreement Number: _____
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No. At Risk	No. Affected	No. Dead	History Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Animal Use: ☐ Dairy ☐ Meat ☐ Fibre ☐ Backyard ☐ Commercial ☐ Other

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

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Other Tests Requested		PCR Tests
IDEXX Code	Test Name / Description (Refer to Directory of Products & Services)	<input type="checkbox"/> BVDMP/PCR BVD (Bulk Milk) <input type="checkbox"/> PCRS/PCRUL/PCRTL Leptospira <input type="checkbox"/> PCRT/KE Theileria Ikeda <input type="checkbox"/> HSD/PCRS Hairy Shaker Disease PCR <input type="checkbox"/> PCR/BR IBR PCR <input type="checkbox"/> PCR/MB Mycoplasma bovis PCR <input type="checkbox"/> PCR/BVD BVD PCR
<b>Frequently Requested Profiles</b> <input type="checkbox"/> MP Metabolic Panel <input type="checkbox"/> SCP Sick Production Profile (inc. CBC + FIB) <input type="checkbox"/> DCP Down Cow Profile (inc. CBC + FIB) and recovery prognosis		<b>Biochemistry Tests</b> <input type="checkbox"/> FX Ferroxidase <input type="checkbox"/> GPX Glutathione Peroxidase <input type="checkbox"/> BT4 Total T4 <input type="checkbox"/> S/OD Iodine <input type="checkbox"/> Single <input type="checkbox"/> Pool <input type="checkbox"/> PEP Pepsinogen <input type="checkbox"/> BOV/TIA IgG (<21 days)
<b>Trace Elements and Biochemistry</b> <b>Recommended profiles</b> Serum: <input type="checkbox"/> YRP Young Ruminant Profile <input type="checkbox"/> ACP Autumn Cow Profile <input type="checkbox"/> LCP Pre-mating / Lactating Cow Profile <input type="checkbox"/> TCP Transition Cow Profile Autumn Ruminant Serum and Liver: <input type="checkbox"/> ARSL1 Option 1 <input type="checkbox"/> ARSL2 Option 2 <input type="checkbox"/> ARSL3 Option 3		<b>Histopathology and Cytology Tests</b> <input type="checkbox"/> HINT Histology Single Tissue <input type="checkbox"/> MINT Histology Multiple / PM Tissues <input type="checkbox"/> VASD1 Vas Deferens <input type="checkbox"/> CYINT Cytology <input type="checkbox"/> Fluid <input type="checkbox"/> Smear

**Pick 'n' Mix Profiles**

**Pick the type of testing, the number of samples and select the required analytes**

Type of testing:	Number of samples:	Serum Pick List:	Liver Pick List:
<input type="checkbox"/> Serum	<input type="checkbox"/> Individual	<input type="checkbox"/> Copper	<input type="checkbox"/> Copper
<input type="checkbox"/> Serum & Liver	<input type="checkbox"/> 6 serum	<input type="checkbox"/> Selenium	<input type="checkbox"/> Selenium
<input type="checkbox"/> Liver	<input type="checkbox"/> 8 serum	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Zinc
	<input type="checkbox"/> 10 serum	<input type="checkbox"/> BOHB	<input type="checkbox"/> B12
	<input type="checkbox"/> 6 liver	<input type="checkbox"/> NEFA	
	<input type="checkbox"/> 8 liver	<input type="checkbox"/> Calcium	
	<input type="checkbox"/> 10 liver	<input type="checkbox"/> GGT	
	<input type="checkbox"/> Other please specify (additional cost may apply)	<input type="checkbox"/> Phosphate	
		<input type="checkbox"/> Zinc	
		<input type="checkbox"/> B12	

SENT RC'D	Samples Submitted (Required Information)
	Heparin (Green 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
	Milk
	Other: .....

Serology Tests	Include complimentary PAGs testing	Faecal Tests
<input type="checkbox"/> BROCF Brucella Ovis CFT <input type="checkbox"/> BVDAB BVD Ab ELISA <input type="checkbox"/> Single <input type="checkbox"/> Pool <input type="checkbox"/> BVD/MB BVD Ab ELISA (Bulk Milk) <input type="checkbox"/> BVD/AG BVD Ag ELISA* <input type="checkbox"/> CAE CAE Ab ELISA <input type="checkbox"/> PEBL EBL Ab ELISA <input type="checkbox"/> Single <input type="checkbox"/> Pool <input type="checkbox"/> IBREL IBR Ab ELISA <input type="checkbox"/> JEL John's Ab ELISA <input type="checkbox"/> Various Lepto Panel MAT <input type="checkbox"/> FH Liver Fluke Ab ELISA <input type="checkbox"/> Single <input type="checkbox"/> Pool <input type="checkbox"/> NEO Neospora IFAT <input type="checkbox"/> NEOEL Neospora ELISA		<input type="checkbox"/> CRYPT Cryptosporidium <input type="checkbox"/> K99 E.Coli <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"/> FLU Fluke <input type="checkbox"/> Single <input type="checkbox"/> Pool <input type="checkbox"/> CP1 Calf Diarrhoea < 1 week panel Calf <input type="checkbox"/> CP2 Diarrhoea < 1-4 week(s) panel Calf <input type="checkbox"/> CP3 Diarrhoea > 1 month panel <input type="checkbox"/> Single <input type="checkbox"/> Pool

Haematology Tests	Microbiology Tests
<input type="checkbox"/> CBC CBC + FIB (includes interpretation) <input type="checkbox"/> FIB Fibrinogen <input type="checkbox"/> HTP Theileria Smear Exam <input type="checkbox"/> HTPS Theileria Panel	<input type="checkbox"/> AER(S) Aerobic Culture <input type="checkbox"/> Sensitivities <input type="checkbox"/> ANAER Anaerobic Culture <input type="checkbox"/> MASTC(S) Milk Culture <input type="checkbox"/> Sensitivities <input type="checkbox"/> SALM Salmonella <input type="checkbox"/> YER Yersinia <input type="checkbox"/> CAMP Campylobacter <input type="checkbox"/> MYCO Mycology

\*Ear notch samples can be used on animals of any age.  
Serum samples should only be used for animals over 38 days.

