

Veterinary Laboratory Services

TEST REQUEST FORM



School of Veterinary Science, Level 1, Building 8114 The University of Queensland, Gatton Qld 4343

CREATE CHANGE

<input type="checkbox"/> Routine <input type="checkbox"/> Urgent						Patient Details (or attach label)					
Collection Date/...../20..... Collection Timeam/pm <input type="checkbox"/> Fasting <input type="checkbox"/> Post Prandial <input type="checkbox"/> Random						Patient #					
Clinic	<input type="checkbox"/> UQ VETS Production Animal <input type="checkbox"/> UQ VETS Small Animal <input type="checkbox"/> UQ VETS Equine <input type="checkbox"/> Other:					Animal Name					
						Owner Surname					
Billing	<input type="checkbox"/> Diagnostic <input type="checkbox"/> Research Chartstring: <input type="checkbox"/> Teaching Course Code:					Species <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Avian <input type="checkbox"/> Reptile <input type="checkbox"/> Equine <input type="checkbox"/> Bovine <input type="checkbox"/> Ovine <input type="checkbox"/> Other:					
	Clinician	Email if non-UQ:					Breed				
Full Name:					Age/DOB			Sex M MN F FN Unknown			
EDTA	SERUM	LITH HEP	FL OX	SMEAR	TISSUE	URINE	FLUID	SWAB	BLD CULT	FAECES	OTHER
				Blood Cyto	Fresh Fixed	Voided Cysto Cath	Plain EDTA				
Zoonotic Pathogen <input type="checkbox"/> NOT SUSPECTED <input type="checkbox"/> SUSPECTED <input type="checkbox"/> KNOWN PROVIDE DETAILS WITH HISTORY											
Clinical History											
Profiles - Haem + Biochem			Urine Analysis			Parasitology			Endocrinology		
<input type="checkbox"/> Comprehensive profile (CBC+MBA) <input type="checkbox"/> Add on UA <input type="checkbox"/> Pre-anaesthetic profile <input type="checkbox"/> Equine inflammatory profile - SAA/Serum Iron/Fibrinogen			<input type="checkbox"/> UPC only <input type="checkbox"/> Urine analysis (incl UPC) <input type="checkbox"/> Add on C&S (aerobic) <input type="checkbox"/> Fractional Excretion (serum and urine)			<input type="checkbox"/> Faecal Float <input type="checkbox"/> Faecal Egg Count <input type="checkbox"/> Giardia - SNAP and ZnSO4 <input type="checkbox"/> Lungworm (Baermann) <input type="checkbox"/> Rainbow Calf Scours			<input type="checkbox"/> Cortisol <input type="checkbox"/> ACTH Stimulation (2 x cortisol) <input type="checkbox"/> Dex Suppression Test (3 x cort) <input type="checkbox"/> ACTH (endogenous) <input type="checkbox"/> TRH Stimulation (2 x ACTH) <input type="checkbox"/> Insulin (equine only) <input type="checkbox"/> Oral GTT (2 or 3 x insulin + Gluc)		
Haematology			Cytology			Microbiology			Histopathology		
<input type="checkbox"/> CBC incl fibrinogen for large animals <input type="checkbox"/> Add SAA & Iron <input type="checkbox"/> Cross Match			If CSF: <input type="checkbox"/> Cisternal <input type="checkbox"/> Lumbar <i>All others, please specify site:</i>			<i>Please specify site/sample:</i>			Tissue 1..... Tissue 2..... Tissue 3..... Tissue 4..... Tissue 5.....		
Biochemistry			<input type="checkbox"/> Cytology - <i>to QML</i> <input type="checkbox"/> Cytology Prep - <i>Imagyst scanning</i> <input type="checkbox"/> Fluid Analysis - cell counts, protein			<input type="checkbox"/> Aerobic C&S <input type="checkbox"/> Add Anaerobic culture <input type="checkbox"/> Salmonella spp. ONLY <input type="checkbox"/> Fungal culture <input type="checkbox"/> Blood culture <input type="checkbox"/> Dermatophytes					
Notes to Lab / Outsourced or Other Test Requests (i.e., PCR, serology, other tests forwarded to external lab at cost plus handling fee)											
LAB USE ONLY											
Samples received as stated <input type="checkbox"/> Yes <input type="checkbox"/> No; details:									Entered		
Date:			Time:			Initials:			Initials:		