

Companion Animal Submission Form

Veterinarian:
Practice:
Owner:
Owner Address:
Clinic Reference:
Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Avian <input type="checkbox"/> Reptile <input type="checkbox"/> Other:
Breed:

FORM ID: LAB USE ONLY DO NOT COVER
Date Sample Collected: / /
Animal Name / ID:
Age: year(s) month(s)
Sex:

Diagnostic Panels Panel breakdown on reverse

Comprehensive Sick & CBC	<input checked="" type="checkbox"/>
Comprehensive Sick (Biochem only)	<input checked="" type="checkbox"/>
Pre-Op/Health Check	<input checked="" type="checkbox"/>
NSAID Panel	<input checked="" type="checkbox"/>
Elderly Thin Cat Panel	<input checked="" type="checkbox"/>
Acute Abdominal Panel	<input checked="" type="checkbox"/>
Liver Panel	<input checked="" type="checkbox"/>
Renal Extended Panel	<input checked="" type="checkbox"/>
Renal Check Up Panel	<input checked="" type="checkbox"/>
PU/PD Panel	<input checked="" type="checkbox"/>
Seizure Control	<input checked="" type="checkbox"/>
Chronic Diarrhoea Panel	<input checked="" type="checkbox"/>
Diabetes Mellitus Check	<input checked="" type="checkbox"/>
Canine Addison's Check	<input checked="" type="checkbox"/>

Biochemistry

Albumin	<input checked="" type="checkbox"/>
ALT	<input checked="" type="checkbox"/>
ALP	<input checked="" type="checkbox"/>
Amylase (Canine)	<input checked="" type="checkbox"/>
AST	<input checked="" type="checkbox"/>
Bicarbonate	<input checked="" type="checkbox"/>
Bile Acids	<input checked="" type="checkbox"/>
Bilirubin	<input checked="" type="checkbox"/>
B12/Folate	<input checked="" type="checkbox"/>
Calcium Ionised (Refer to Price Guide)	<input checked="" type="checkbox"/>
Calcium Total	<input checked="" type="checkbox"/>
Chloride	<input checked="" type="checkbox"/>
Cholesterol	<input checked="" type="checkbox"/>
CK	<input checked="" type="checkbox"/>
Creatinine	<input checked="" type="checkbox"/>
Electrophoresis	<input checked="" type="checkbox"/>
Fructosamine	<input checked="" type="checkbox"/>
Globulin	<input checked="" type="checkbox"/>
Glucose (Fl. ox)	<input type="checkbox"/>
Lipase	<input checked="" type="checkbox"/>
Pancreatic Specific Lipase	<input checked="" type="checkbox"/>
Phosphate	<input checked="" type="checkbox"/>
Potassium	<input checked="" type="checkbox"/>
SDMA	<input checked="" type="checkbox"/>
Sodium	<input checked="" type="checkbox"/>
Total Protein (TP)	<input checked="" type="checkbox"/>
TLI	<input checked="" type="checkbox"/>
Triglycerides	<input checked="" type="checkbox"/>
Urea	<input checked="" type="checkbox"/>

Therapeutics

Phenobarbitone	<input checked="" type="checkbox"/>
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Theriogenology

AMH	<input checked="" type="checkbox"/>
Progesterone	<input checked="" type="checkbox"/>
Relaxin (from 28 days)	<input checked="" type="checkbox"/>
Testosterone	<input checked="" type="checkbox"/>
Vaginal Smear	<input type="checkbox"/> <small>slide</small>

Previous Case No:
Clinical Particulars (the more information provided helps the diagnosis):

Haematology

CBC	<input checked="" type="checkbox"/> <small>smear +</small>
ABC	<input checked="" type="checkbox"/>
Blood Group	<input checked="" type="checkbox"/>
Buffy Coat (Mast Cells)	<input checked="" type="checkbox"/>
Cross Match	<input checked="" type="checkbox"/>
Platelet Count	<input checked="" type="checkbox"/>
Coagulation Profile (Citrate)	<input checked="" type="checkbox"/>
PT (Citrate)	<input checked="" type="checkbox"/>
Blood Smear Exam *	<input checked="" type="checkbox"/>
WBC, Diff & Smear Exam *	<input checked="" type="checkbox"/>

* Please include a copy of in-clinic analyser results and a fresh unstained smear to aid with interpretation of smear exams

Serology/Virology

Canine Parvovirus Ab Titre	<input checked="" type="checkbox"/>
FeLV Ag/ FIV Ab	<input checked="" type="checkbox"/>
Feline Corona Virus/ FIP Ab	<input checked="" type="checkbox"/>
Leptospira MAT (Indicate Serovar)	<input checked="" type="checkbox"/>
Leptospira IgM (Acute)	<input checked="" type="checkbox"/>
Neospora Ab	<input checked="" type="checkbox"/>
Parvovirus Ag	<input checked="" type="checkbox"/> <small>faeces</small>
Toxoplasma Ab LAT	<input checked="" type="checkbox"/>

Endocrinology

ACTH Stimulation	<input checked="" type="checkbox"/>
Cortisol (Single)	<input checked="" type="checkbox"/>
Cortisol/Creat Ratio (Urine)	<input checked="" type="checkbox"/>
HDDST	<input checked="" type="checkbox"/>
LDDST	<input checked="" type="checkbox"/>
TSH (Endogenous)	<input checked="" type="checkbox"/>
T4 (Total Thyroxine)	<input checked="" type="checkbox"/>

Cytology

Smear Cytology Site(s):	<input type="checkbox"/>
Fluid Analysis Site(s):	<input checked="" type="checkbox"/>

Pathology

Histology Single Tissue	<input type="checkbox"/> <small>fixed</small>
Histology Multiple Tissues	<input type="checkbox"/> <small>fixed</small>
Histology Following Cytology	<input type="checkbox"/> <small>fixed</small> <small>Please provide cytology case number</small>
Necropsy	<input type="checkbox"/> <small>fresh</small>

PCR

Feline Respiratory Panel	<input type="checkbox"/> <small>see over</small>
Feline Herpesvirus	<input type="checkbox"/>
Feline Calicivirus	<input type="checkbox"/>
Feline Chlamydia	<input type="checkbox"/>
Feline Coronavirus	<input type="checkbox"/> <small>fluid</small>
FeLV PCR	<input checked="" type="checkbox"/>
FIV PCR	<input checked="" type="checkbox"/>
Leptospira PCR	<input checked="" type="checkbox"/>
Mycoplasma felis	<input type="checkbox"/> <small>swab</small>
Mycoplasma haemofelis	<input checked="" type="checkbox"/>
Ringworm PCR (M. canis)	<input type="checkbox"/> <small>hair/bulb/scab</small>
Trichomonas foetus	<input type="checkbox"/> <small>faeces</small>

Microbiology Panel breakdown on reverse

Aerobic Culture	<input type="checkbox"/>
Aerobic Culture & Sensitivity	<input type="checkbox"/>
Anaerobic Culture	<input type="checkbox"/>
Blood Culture	<input type="checkbox"/>
Ear Swab Culture + Sensitivity	<input type="checkbox"/> <small>swab</small>
KOH Only	<input type="checkbox"/> <small>hair/skin scrape</small>
Mycology Culture	<input type="checkbox"/> <small>hair/skin scrape</small>
Mycology Culture with KOH	<input type="checkbox"/> <small>hair/skin scrape</small>
Faecal Occult Blood	<input type="checkbox"/> <small>faeces</small>
Gastro-Intestinal Panel	<input type="checkbox"/> <small>faeces</small>
Campylobacter	<input type="checkbox"/> <small>faeces</small>
Salmonella	<input type="checkbox"/> <small>faeces</small>
Yersinia	<input type="checkbox"/> <small>faeces</small>

Urinalysis

Full (Dipstick, SG & Sediment)	<input checked="" type="checkbox"/>
Culture & Sensitivity	<input checked="" type="checkbox"/>
Protein: Creatinine Ratio	<input checked="" type="checkbox"/>
Sediment & SG	<input checked="" type="checkbox"/>

Method of Urine Collection

Cysto	<input type="checkbox"/>
Catheter	<input type="checkbox"/>
Freeflow	<input type="checkbox"/>
Other	<input type="checkbox"/>

Parasitology Panel breakdown on reverse

Companion Parasitology Panel	<input type="checkbox"/>
Ectoparasites	<input type="checkbox"/>
FEC + Coccidia	<input type="checkbox"/>
Giardia/Cryptosporidium	<input type="checkbox"/>
Parasite ID	<input type="checkbox"/>

Toxicology

Lead	<input checked="" type="checkbox"/>
Avian/Reptilian	<input type="checkbox"/>
Full Panel	<input type="checkbox"/>
Mini Panel	<input checked="" type="checkbox"/>
Bile Acids	<input checked="" type="checkbox"/>
CBC	<input checked="" type="checkbox"/> <small>smear +</small>
Faecal Gram Stain	<input type="checkbox"/> <small>faeces</small>
Lead	<input checked="" type="checkbox"/>
Uric Acid	<input checked="" type="checkbox"/>
White Cell Estimation & Smear Exam	<input type="checkbox"/> <small>smear</small>
Zinc	<input type="checkbox"/> <small>liver or serum</small>

Avian PCR

Chlamydia Psittaci	<input type="checkbox"/> <small>swab</small>
Malaria Screening	<input checked="" type="checkbox"/>
PBFD	<input type="checkbox"/> <small>feather (tissue/blood in shaft)</small>
Sex Determination	<input type="checkbox"/> <small>feather (tissue/blood)</small>

Other Tests/Instruction

Containers Received (circle)

	Small	Medium	Large
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Sent Recd Samples Submitted

		Heparin (Green Top)	<input checked="" type="checkbox"/>
		Fl. ox (Grey Top)	<input type="checkbox"/>
		Serum (Red Top)	<input checked="" type="checkbox"/>
		EDTA (Purple Top)	<input checked="" type="checkbox"/>
		Slide	<input type="checkbox"/>
		Citrate (Blue Top)	<input checked="" type="checkbox"/>
		Fluid (Red Top)	<input type="checkbox"/>
		Fluid (Purple Top)	<input type="checkbox"/>
		Swab	<input type="checkbox"/>
		Urine	<input checked="" type="checkbox"/>
		Faeces	<input type="checkbox"/>
		Fresh Tissue	<input type="checkbox"/>
		Fixed Tissue	<input type="checkbox"/>
		Hair	<input type="checkbox"/>
		Other:	<input type="checkbox"/>

Companion Animal Panel Breakdown (Panels MUST be requested on front page)

Canine Diagnostic Panels:

Comprehensive Panel: TP, Alb, Glob, Urea, Creat, ALP, ALT, AST, CK, TBil, Bicarb, Anion Gap, Cholesterol, Lipase, Ca, PO4, Na, Cl, K

Pre-Op/Health Check: TP, Alb, Glob, Urea, Creat, ALP, ALT, Na, K, Cl, Ca, PO4

NSAID Panel: Urea, Creat, ALP, ALT, AST

Acute Abdominal Panel: TP, Alb, Glob, Urea, Creat, ALP, ALT, TBil, Bicarb, Lipase, Ca, Na, Cl, K

Liver Panel: TP, Alb, Glob, Urea, ALP, ALT, AST, Bile Acids, TBil, Chol

Renal Extended Panel: Alb, Urea, Creat, Bicarb, Ca, PO4, Na, Cl, K

Renal Check-up Panel: Alb, Urea, Creat, Ca, PO4

PU/PD Panel: TP, Alb, Glob, Urea, Creat, ALP, ALT, Bicarb, Cholesterol, Ca, PO4, Na, Cl, K

Seizure Control Panel: ALP, ALT, Cholesterol, Phenobarbitone, Triglycerides

Chronic Diarrhoea: TP, Alb, Glob, Bicarb, Cholesterol, Vit B12

Diabetes Mellitus Check: ALP, ALT, AST, Fructosamine, Ketones (BOHB), Cholesterol, Triglycerides, Na, Cl, K

Addison's Check: Urea, Creat, Na, Cl, K

Feline Diagnostic Panels:

Comprehensive Panel: TP, Alb, Glob, Urea, Creat, ALP, ALT, AST, CK, TBil, GGT, Bicarb, Anion Gap, Cholesterol, Ca, PO4, Na, Cl, K, Lipase

Pre-Op/Health Check: TP, Alb, Glob, Urea, Creat, ALP, ALT, Na, K, PO4, Ca, Cl

NSAID Panel: Urea, Creat, ALP, ALT, AST

Elderly Thin Cat Panel: TP, Alb, Glob, Urea, Creat, ALP, ALT, GGT, Thyroxine

Acute Abdominal Panel: TP, Alb, Glob, Urea, Creat, ALP, ALT, AST, Bicarb, Ca, Na, Cl, K, TBil, Lipase

Liver Panel: TP, Alb, Glob, Urea, ALP, ALT, AST, TBil, GGT, Bile Acids, Cholesterol

Renal Extended Panel: Alb, Urea, Creat, Bicarb, Anion Gap, Ca, PO4, Na, Cl, K

Renal Check-up Panel: Alb, Urea, Creat, Ca, PO4

PU/PD Panel: TP, Alb, Glob, Urea, Creat, ALP, ALT, Fructosamine, PO4, T4

Seizure Control Panel: ALP, ALT, Cholesterol, Triglycerides, Phenobarbitone

Chronic Diarrhoea Panel: TP, Alb, Glob, Cholesterol, Vit B12

Diabetes Mellitus Check: ALP, ALT, AST, Fructosamine, Ketones (BOHB), Cholesterol, Triglycerides, Na, Cl, K

PCR Panels:

Feline Respiratory PCR Panel: Herpes, Calici, Chlamydia

Haematology:

CBC: Complete Blood Count (WBC, Full Diff, RBC, Hb, HCT, Platelets, Smear exam)

ABC: Automated Blood Count (WBC, RBC, Hb, HCT, No Diff)

Coagulation Profile: PT, APTT, Platelets, Fibrinogen

* Please include a fresh smear

Avian and Reptilian Panels:

Full: CK, AST, TP, PO4, Ca, Glucose, Uric Acid, Bile Acids

Mini: CK, AST, TP, GLDH, Ca, Uric Acid

CBC: WBC, Hb, HCT, FIB, Diff, Smear Exam

Microbiology Panels:

Canine Gastro-Intestinal Panel: Salmonella, Campylobacter, FEC/Cocc, Giardia/Crypto

Feline Gastro-Intestinal Panel: Salmonella, Campylobacter, T.fetus, FEC/Cocc, Giardia/Crypto

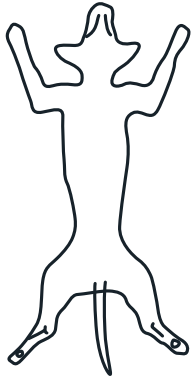
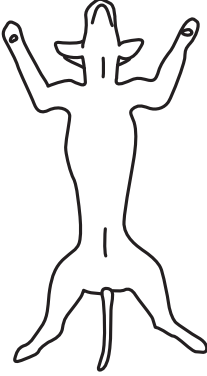
Parasitology Panels:

Companion Animal Para Panel: FEC/Cocc, Giardia/Crypto

Skin Biopsy Cases

Lesion Distribution

Please indicate distribution of lesions by shading affected areas
Indicate biopsy sites with an "X"



Ventral **Dorsal**

Type of Lesions (please circle)

Primary

Tumour Papule Plaque Patch Wheal Bulla Pustule Nodule

Secondary

Scale Erosion Crust Ulcer Abscess Erythema

Alopecia Hypopigmentation Hyperpigmentation

Skin Biopsy Cases (please circle):

How long has the skin disease been present? Days Weeks Months Years

Treated within the last 2 wks with a veterinary flea product? Yes / No

Treated within the last 3 wks with steroids? Yes / No

Is the animal pruritic? Yes / No

Treated with antibiotics? Yes / No

If treated with Antibiotics, complete the following:

Antibiotic: _____

Dose Rate: _____

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Hamilton 3200
New Zealand
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