

Subscription 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:

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 & SAA	<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 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"/>
Phosphate	<input checked="" type="checkbox"/>
Potassium	<input checked="" type="checkbox"/>
Sodium	<input checked="" type="checkbox"/>
Total Protein (TP)	<input checked="" type="checkbox"/>
Triglycerides	<input checked="" type="checkbox"/>
Urea	<input checked="" type="checkbox"/>

*Please include a copy of in-clinic analyser results for any Biochemistry tests.

Therapeutics

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

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

Previous Case No:

Clinical Particulars (the more information provided helps the diagnosis):

*Haematology

CBC	<input checked="" type="checkbox"/>
ABC	<input checked="" type="checkbox"/>
Blood Group	<input checked="" type="checkbox"/>
Buffy Coat (Mast Cells)	<input checked="" type="checkbox"/>
Coagulation Profile (Citrate)	<input type="checkbox"/>
Cross Match	<input checked="" type="checkbox"/>
Platelet Count	<input checked="" type="checkbox"/>
PT (Citrate)	<input type="checkbox"/>
Smear Exam Only	<input checked="" type="checkbox"/>
White Cell Diff & Smear Exam	<input checked="" type="checkbox"/>
*Please include a copy of in-clinic analyser results and a fresh smear for any Haematology tests.	

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 <small>(Indicate Serovar)</small>	<input checked="" type="checkbox"/>
Leptospira IgM (Acute)	<input checked="" type="checkbox"/>
Neospora Ab	<input checked="" type="checkbox"/>
Parvovirus Ag	<i>faeces</i>
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 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):
Fluid Analysis Site(s): <input checked="" type="checkbox"/>

Pathology

CNS Evaluation	<i>fixed</i>
Histology Single Tissue	<i>fixed</i>
Histology Multiple Tissues	<i>fixed</i>
Necropsy	<i>fresh</i>

PCR

Feline Respiratory PCR Panel	} swab
Feline Herpesvirus	
Feline Calicivirus	
Feline Chlamydia	
Feline Coronavirus	
FeLV PCR	<input checked="" type="checkbox"/>
FIV PCR	<input checked="" type="checkbox"/>
Leptospira PCR	<input type="checkbox"/>
Mycoplasma haemofelis	<input checked="" type="checkbox"/>
Mycoplasma haemofelis PCR Panel	<input checked="" type="checkbox"/>
Ringworm PCR	<i>hair</i>
Tritrichomonas foetus	<i>faeces</i>

Microbiology

Panel breakdown on reverse	
Aerobic Culture	
Aerobic Culture & Sensitivity	
Anaerobic Culture	
Blood Culture	
Ear Swab Culture + Sensitivity	<i>swab</i>
Campylobacter	<i>faeces, fresh</i>
Gastro-Intestinal Panel	<i>faeces</i>
Faecal Occult Blood	<i>faeces</i>
Salmonella	<i>faeces</i>
Tritrichomonas Culture	<i>faeces</i>
Yersinia	<i>faeces</i>
KOH Only	<i>hair</i>
Mycology Culture with KOH	<i>hair</i>

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
Catheter
Freeflow
Other

Parasitology

Panel breakdown on reverse	
Companion Parasitology Panel	
Ectoparasites	
FEC + Coccidia	
Giardia/Cryptosporidium	
Parasite ID	

Avian/Reptilian

Full Panel	<input type="checkbox"/>
Mini Panel	<input checked="" type="checkbox"/>
Bile Acids	<input checked="" type="checkbox"/>
CBC	<input checked="" type="checkbox"/>
Faecal Gram Stain	<i>faeces</i>
Uric Acid	<input checked="" type="checkbox"/>
White Cell Estimation & Smear Exam	<i>smear</i>
Zinc (Liver or Serum)	<input checked="" type="checkbox"/>

Other Tests/Instruction

(Normal charges will apply).

Containers Received (circle)

			Small	Medium	Large
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			
		Citrate (Blue Top)	<input type="checkbox"/>		
		Fluid (Red Top)			
		Fluid (Purple Top)			
		Swab			
		Urine	<input checked="" type="checkbox"/>		
		Faeces			
		Fresh Tissue			
		Fixed Tissue			
		Hair			
		Other:			

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, Amylase, 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, Anion Gap, Amylase, Lipase, Ca, Na, Cl, K

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

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

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

PU/PD Panel: TP, Alb, Glob, Urea, Creat, ALP, ALT, Bicarb, Anion Gap, 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, 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

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

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

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

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

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

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 Screen PCR: Herpes, Calici, Chlamydia

Mycoplasma haemofelis PCR: Mycoplasma haemofelis, C.mycoplasma

Haematology:

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

ABC: Automated Blood Count (RBC, Hb, Hct, WBC, Platelets - No Diff)

Coagulation Profile: PT, APTT, Platelets, Fibrinogen

Avian and Reptilian Panels:

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

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

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
Tumor 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: _____

