



**DIAGNOSTIC SUBMISSION FORM – COMPANION ANIMALS**

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**Veterinary Surgeons Details**

Name of Practice ..... Owner's Name .....  
 Vet. Surgeons Name ..... Animal ID. ....  
 Address ..... Species..... Breed.....  
 ..... Sex..... Age.....  
 Postcode ..... Type & No of Specimens.....  
 Tel No.....Fax No.....  
 History/Clinical Signs.....

**Details of test requested**

Please tick clearly below the categories under which you want the specimens to be tested

<p><b>Comprehensive health scrutiny</b> <input type="checkbox"/></p> <p>Albumin, alkaline phosphotase, urea, creatinine, calcium, phosphate, globulin, total protein, glucose (Ox-f blood) ,ALT &amp; Haematology B</p>	<p><b>Economy health check</b> <input type="checkbox"/></p> <p>Total protein, albumin, globulin, urea, creatinine, Alkaline phosphotase &amp; Haem A</p>
<p><b>Bacteriology</b></p> <p>Brucella canis ..... <input type="checkbox"/></p> <p>(serum agglutination test)</p> <p>Brucella canis ..... <input type="checkbox"/></p> <p>(complement fixation test)</p> <p>Toxoplasmosis ..... <input type="checkbox"/></p> <p>Leptospirosis ..... <input type="checkbox"/></p> <p>(single antigen test)</p> <p>Leptospirosis ..... <input type="checkbox"/></p> <p>(multi antigen test)</p> <p>Standard bacterial culture..... <input type="checkbox"/></p> <p>(with antibiotic sensitivity)</p> <p><b>Virology</b></p> <p>Direct EM examination of faeces to detect Parvovirus coronavirus &amp; rotavirus..... <input type="checkbox"/></p> <p>Chlamydial immunofluorescence test ..... <input type="checkbox"/></p> <p>(feline conjunctival swab)</p> <p><b>Parasitology</b></p> <p>Worm Egg count..... <input type="checkbox"/></p> <p>Microscopic examination for ectoparasites and ringworm..... <input type="checkbox"/></p> <p>Ringworm culture..... <input type="checkbox"/></p> <p>Microscopic examination of smear for blood parasites..... <input type="checkbox"/></p> <p><b>Haematology</b></p> <p>Haem A (no WCC diff)..... <input type="checkbox"/></p> <p>Haem B (inc. WCCdiff)..... <input type="checkbox"/></p>	<p><b>Biochemistry</b></p> <p>Total protein..... <input type="checkbox"/></p> <p>Albumin ..... <input type="checkbox"/></p> <p>Globulin ..... <input type="checkbox"/></p> <p>Urea (Bun)..... <input type="checkbox"/></p> <p>Creatinine..... <input type="checkbox"/></p> <p>Calcium..... <input type="checkbox"/></p> <p>Magnesium..... <input type="checkbox"/></p> <p>Phosphate..... <input type="checkbox"/></p> <p>CPK..... <input type="checkbox"/></p> <p>AST (GOT)..... <input type="checkbox"/></p> <p>ALT (GPT)..... <input type="checkbox"/></p> <p>Glucose(Ox-F blood required)..... <input type="checkbox"/></p> <p>Bilirubin..... <input type="checkbox"/></p> <p>Alkaline Phosphatase (ALP)..... <input type="checkbox"/></p> <p>GGT..... <input type="checkbox"/></p> <p>Lipase..... <input type="checkbox"/></p> <p>Triglycerides..... <input type="checkbox"/></p> <p>Cholesterol..... <input type="checkbox"/></p> <p>Sodium..... <input type="checkbox"/></p> <p>Potassium..... <input type="checkbox"/></p> <p>Chloride..... <input type="checkbox"/></p> <p>Copper (serum)..... <input type="checkbox"/></p> <p>Vit E (serum)..... <input type="checkbox"/></p> <p>Lead (whole blood)..... <input type="checkbox"/></p> <p>Zinc..... <input type="checkbox"/></p> <p>Trypsin (faeces)..... <input type="checkbox"/></p> <p>Urinalysis (inc SG)..... <input type="checkbox"/></p> <p>Urinary Calculi..... <input type="checkbox"/></p> <p>Occult blood (faeces)..... <input type="checkbox"/></p>

COMMENTS.....

SIGNED..... DATE.....