

**DIAGNOSTIC SUBMISSION FORM – COMPANION ANIMALS**

**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"/> (serum agglutination test)</p> <p>Brucella canis ..... <input type="checkbox"/> (complement fixation test)</p> <p>Toxoplasmosis ..... <input type="checkbox"/></p> <p>Leptospirosis ..... <input type="checkbox"/> (single antigen test)</p> <p>Leptospirosis ..... <input type="checkbox"/> (multi antigen test)</p> <p>Standard bacterial culture..... <input type="checkbox"/> (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"/> (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.....

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

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Samples submitted will be analysed in accordance with AFBI's Terms and Conditions for Animal Disease Diagnostic Services which can be found at <https://www.afbini.gov.uk/articles/sample-submission-terms-and-conditions>