

DIAGNOSTIC SUBMISSION FORM – COMPANION ANIMALS

Veterinary Surgeons Details

Name of Practice
Vet. Surgeons Name
Address
.....
Postcode
Tel No.....Fax No.....
History/Clinical Signs.....

Owner's Name
Animal ID.
Species..... Breed.....
Sex..... Age.....
Type & No of Specimens.....
.....

Details of test requested

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

| | |
|--|---|
| <p>Comprehensive health scrutiny <input type="checkbox"/></p> <p>Albumin, alkaline phosphotase, urea, creatinine, calcium, phosphate, globulin, total protein, glucose (Ox-f blood) ,ALT & Haematology B</p> | <p>Economy health check <input type="checkbox"/></p> <p>Total protein, albumin, globulin, urea, creatinine, Alkaline phosphotase & Haem A</p> |
| <p>Bacteriology</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>Virology</p> <p>Direct EM examination of faeces to detect Parvovirus coronavirus & rotavirus..... <input type="checkbox"/></p> <p>Chlamydial immunofluorescence test <input type="checkbox"/> (feline conjunctival swab)</p> <p>Parasitology</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>Haematology</p> <p>Haem A (no WCC diff)..... <input type="checkbox"/></p> <p>Haem B (inc. WCCdiff)..... <input type="checkbox"/></p> | <p>Biochemistry</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.....

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