

Lab No.
(for office use only)

REQUEST FORM

Ph: 1300 307 190

1868 Dandenong Rd,
Clayton VIC 3168

<p>VETERINARIAN</p> <p>Vet Contact Name:</p> <p>Signature:</p>	<p style="text-align: right; font-size: small;">The PIC number is a legislative requirement required by the laboratory to process the sample(s).</p> <p>PROPERTY IDENTIFICATION CODE </p> <p>OWNER</p> <p>TRADING NAME.....</p> <p>ADDRESS</p> <p>SUBURB..... P/CODE.....PHONE</p> <p>Account to: Clinic <input type="checkbox"/> / PIRSA <input type="checkbox"/> (PIC number must be complete) / DPI <input type="checkbox"/> (PIC number must be complete)</p> <p style="text-align: center;">Project Name </p> <p>Reference number (e.g. Rx Number) </p> <p>SPECIES..... BREED AGESEX.....</p> <p>COLLECTION DATE...../...../20..... TIME COLLECTED..... AM/PM</p> <p>SUSPECTED DISEASE IS: NOTIFIABLE <input type="checkbox"/> EXOTIC <input type="checkbox"/> NOT NOTIFIABLE <input type="checkbox"/></p> <p>No. animals at risk..... No. sick..... No. dead.....</p>															
<p>LAB USE ONLY</p> <p>Billing Code</p> <p>Copies to</p>	<p>BRIEF HISTORY/CLINICAL NOTES</p> <p>.....</p> <p>.....</p> <p>.....</p>															
<p>PROVISIONAL DIAGNOSIS</p> <p>1..... 2.....</p> <p>3..... 4.....</p>	<p>SYNDROME CODE </p>															
<p>ANIMAL ID.</p> <p>1..... 4.....</p> <p>2..... 5.....</p> <p>3..... 6.....</p>	<p>TEST/S REQUIRED (Please Tick)</p> <p>PROFILES: Total Body Function Profile <input type="checkbox"/> / Non-interpreted Production Animal profile <input type="checkbox"/></p> <p>HAEMATOLOGY: FBE <input type="checkbox"/> Smear for Theilera <input type="checkbox"/> Other..... <input type="checkbox"/></p> <p>BIOCHEM: Complete Bioch (VMBA) <input type="checkbox"/> / General Biochemistry (10 analytes) <input type="checkbox"/></p> <p>GPx(Se) <input type="checkbox"/> VitB₁₂(Co) <input type="checkbox"/> Cu <input type="checkbox"/> Other..... <input type="checkbox"/></p> <p>Herd Nutritional Profile <input type="checkbox"/></p> <p>Blood Trace Mineral Profiles, Full <input type="checkbox"/> Near Full <input type="checkbox"/> Shortened <input type="checkbox"/></p> <p>SEROLOGY:</p> <table style="width: 100%; font-size: small;"> <tr> <td>Bovine:</td> <td>Ovine/Caprine:</td> <td>Lepto MAT:</td> </tr> <tr> <td>Bov JD ELISA <input type="checkbox"/></td> <td>EBL ELISA <input type="checkbox"/></td> <td>OJD/CJD AGID <input type="checkbox"/></td> </tr> <tr> <td>BVD ELISA (Ab) <input type="checkbox"/></td> <td>BVD ELISA (Ag) <input type="checkbox"/></td> <td>B. ovis CFT <input type="checkbox"/></td> </tr> <tr> <td>B. abortus CFT <input type="checkbox"/></td> <td>B. abortus ELISA <input type="checkbox"/></td> <td>CAE ELISA <input type="checkbox"/></td> </tr> <tr> <td>IBR ELISA <input type="checkbox"/></td> <td>IBR SNT <input type="checkbox"/></td> <td>Other:.....</td> </tr> </table> <p>Other: Test name:..... Test method:.....</p> <p>MICROBIOLOGY: <input type="checkbox"/> Microscopy, cult. & sens (MC + S) Specimens.....</p> <p>Smear for <input type="checkbox"/> Urinalysis</p> <p><input type="checkbox"/> Specialised culture</p> <p>Faecal Panel <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Scours Bovine <input type="checkbox"/> adult <input type="checkbox"/> calf <input type="checkbox"/> neonatal</p> <p><input type="checkbox"/> Other microbiology Scours Ovine <input type="checkbox"/></p> <p>..... Scours Porcine <input type="checkbox"/> pre-weaner <input type="checkbox"/> post-weaner</p> <p>PARASITOLOGY: FEC <input type="checkbox"/> / Bulk FEC <input type="checkbox"/> / Fluke <input type="checkbox"/> / Total Worm Count <input type="checkbox"/> / Larval Culture <input type="checkbox"/></p> <p>Drench Resistance Test <input type="checkbox"/> / Smear for Protozoa <input type="checkbox"/> / Strongylus Identification – Ovine (FEC included) <input type="checkbox"/></p> <p>Other..... <input type="checkbox"/></p> <p>GROSS/HISTOPATH: Histopathology <input type="checkbox"/> / Cytology <input type="checkbox"/> / Necropsy <input type="checkbox"/></p> <p>RESIDUES: OC <input type="checkbox"/> OP <input type="checkbox"/> / Other..... <input type="checkbox"/></p> <p>OTHER TESTING/REPORTING INSTRUCTIONS:</p>	Bovine:	Ovine/Caprine:	Lepto MAT:	Bov JD ELISA <input type="checkbox"/>	EBL ELISA <input type="checkbox"/>	OJD/CJD AGID <input type="checkbox"/>	BVD ELISA (Ab) <input type="checkbox"/>	BVD ELISA (Ag) <input type="checkbox"/>	B. ovis CFT <input type="checkbox"/>	B. abortus CFT <input type="checkbox"/>	B. abortus ELISA <input type="checkbox"/>	CAE ELISA <input type="checkbox"/>	IBR ELISA <input type="checkbox"/>	IBR SNT <input type="checkbox"/>	Other:.....
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<p>MOLECULAR</p> <p><input type="checkbox"/> Bovine herpesvirus</p> <p><input type="checkbox"/> BVD pooled <input type="checkbox"/> single <input type="checkbox"/> pooled</p> <p><input type="checkbox"/> Campylobacter foetus</p> <p><input type="checkbox"/> HT - Johnes PCR</p> <p><input type="checkbox"/> Leptospira</p> <p><input type="checkbox"/> Ovine Pestivirus <input type="checkbox"/> single <input type="checkbox"/> pooled</p> <p><input type="checkbox"/> Tritrichomonas</p>	<p>HISTOLOGY</p> <p><input type="checkbox"/> Fixed tissue</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><input type="checkbox"/> Other</p> <p>.....</p> <p>.....</p>															

SERUM	EDTA	FL OX	PLAIN	GEL	CITRATE	LITH HEP	URINE	SWAB	FAECES	SMEAR	FLUID	TISSUE	OTHER
							Plain	Gel		Blood	EDTA	Fixed	
							EDTA	Dry		Other	Plain	Fresh	

PLEASE USE BLACK INK TO COMPLETE **PLEASE SEND TOP COPY TO LAB AND RETAIN SECOND COPY FOR YOUR RECORDS**



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