

Lab number: \_\_\_\_\_

PRACTICE	OWNER NAME
VETERINARIAN	OWNER ADDRESS/PH
VET REF NUMBER	
DATE SAMPLE COLLECTED	FARM ID / NAIT / AGRIBASE
PREVIOUS CASE NUMBER	ANIMAL ID <i>(see over for multiples)</i>
<input type="checkbox"/> VET INTERPRETATION REQUIRED	AGE BREED <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<input type="checkbox"/> VET ALERT MESSAGE <i>(include mobile number)</i>	<input type="checkbox"/> BOVINE <input type="checkbox"/> OVINE <input type="checkbox"/> CAPRINE <input type="checkbox"/> OTHER:
CLINICAL HISTORY <i>(more space overleaf)</i>	EMAIL FOR CORRESPONDENCE
No. ANIMALS AT RISK	No. ANIMALS AFFECTED
No. ANIMALS DEAD	

PROFILES	BIOCHEMISTRY	MICROBIOLOGY	SEROLOGY
<b>PRODUCTION ANIMAL PROFILE</b>	Albumin	<i>Site:</i>	<i>Brucella ovis</i> CFT / GD / ELISA
<b>DOWNER COW PROFILE</b>	AST	<b>ABORTION CULTURE PANEL</b>	CAE ELISA
<b>BIOCHEMISTRY PANELS</b>	BOHB	Aerobic culture	<i>Campylobacter fetus / jejuni</i> Ab
<b>CLIENT CUSTOM PANEL</b> <i>(insert code:)</i>	Bicarbonate	Aerobic culture + sens	EBL ELISA - single / pool <i>(select)</i>
<b>DOWNER COW PANEL</b>	Calcium	Anaerobic culture	IBR ELISA
<b>ELECTROLYTES PANEL</b>	Chloride	Enteric screen 1 <i>(Salm+Yers+List)</i>	Johne's CFT / GDT / ELISA <i>(select)</i>
<b>RUMINANT LIVER PANEL</b>	CK	Enteric screen 2 <i>(Salm+Yers)</i>	Leptospira MAT serovar:
<b>SICK PRODUCTION ANIMAL PANEL</b>	Creatinine	Enteric screen 3 <i>(Salm+List)</i>	<b>LEPTOSPIRA PANEL</b>
<b>NUTRITIONAL CHEMISTRY (TRACE)</b>	GGT	Campylobacter	Liver fluke ELISA - single / pool
No <i>Clearly indicate the No. of each TE test required.</i>	GLDH	Salmonella	Neospora ELISA <i>(10+ samples)</i>
<b>FACIAL ECZEMA (FE) CHECK</b>	Magnesium	Yersinia	Neospora IFAT
B12 (cobalt) - liver / serum <i>(select)</i>	Phosphate	Milk culture	Toxoplasma antibody titre
Copper - liver / serum / plasma <i>(select)</i>	Sodium	Milk culture + sens	<b>GENERAL PCR</b>
Ferroxidase	Total protein	Somatic cell count	HSD PCR - single / pool <i>(select)</i>
GPx	Urea	<b>ABORTION PCR</b>	Leptospira PCR
Inorganic iodine	<b>PARASITOLOGY</b>	<b>BOVINE EARLY PANEL</b>	Mastitis PCR (bovine)
NEFA	Faecal egg count	<b>BOVINE MID-TERM PANEL</b>	Theileria PCR - single / pool <i>(select)</i>
Pepsinogen	- individual / composite	<b>BOVINE LATE-TERM PANEL</b>	<b>BVD TESTING</b>
Selenium - liver / serum / whole blood	Coccidia*	<b>FUNGAL COMBO</b>	BVD Ab ELISA <i>(&gt;10months)</i>
Vitamin A and/or E <i>(select)</i>	FEC / coccidia* combo	<b>LISTERIA COMBO</b>	- single / pool <i>(select)</i>
Zinc - liver / serum <i>(select)</i>	Cryptosporidium	Individual PCR tests: <i>(see over)</i>	BVD Ag ELISA <i>(ear notch - any age; serum &gt;35 days)</i>
Compound feed testing - Se / Cu <i>(select)</i>	Fluke - single / pool	<b>CALF HEALTH</b>	BVD PCR <i>(any age - serum/ear notch)</i>
<b>TOXICOLOGY</b>	Larval culture	<b>CALF SCOUR PANELS</b>	BVD PCR screen: pooled <i>(20+ sera)</i>
Facial eczema spore count	- standard / quantitative	<1 WEEK - single / pool <i>(select)</i>	BVD PCR + EBL ELISA
Nitrate <i>(plant, serum, eye-fluid)</i>	Lungworm	1-4 WEEK - single / pool <i>(select)</i>	<b>BULK MILK TESTING</b>
<b>HAEMATOLOGY</b>	<b>PATHOLOGY-CYTO-HISTO</b>	4-8 WEEK* - single / pool <i>(Salm)</i>	BVD Ab / fluke / ostertagia ELISA
CBC + fibrinogen	<i>Site:</i>	<b>PASSIVE TRANSFER</b>	Bulk milk BVD PCR
Fibrinogen	Cytology	Total protein <i>(&lt;8 days old)</i>	<i>For Herd Guardian packages refer to form online.</i>
Theileria screen	Histology	GGT <i>(&lt;15 days old)</i>	<b>OTHER TESTING</b>
	Necropsy		

Notes: 1) See overleaf for Profile and Panel descriptions. 2) Some tests may be subcontracted. 3) Refer to current Price Book for full testing details. \*Coccidia testing cannot be pooled\*

<b>SAMPLES RECEIVED</b> (for lab use only)						Unpacked by:	Date rec'd:
<input type="checkbox"/> Serum/SST	<input type="checkbox"/> Fluoride	<input type="checkbox"/> Citrate	<input type="checkbox"/> Heparin	<input type="checkbox"/> Swab	<input type="checkbox"/> Hair	<input type="checkbox"/> Milk	<input type="checkbox"/> Fixed tissue
<input type="checkbox"/> EDTA	<input type="checkbox"/> Blood film	<input type="checkbox"/> Smear	<input type="checkbox"/> Fluid	<input type="checkbox"/> Urine	<input type="checkbox"/> Faeces	<input type="checkbox"/> Fresh tissue	<input type="checkbox"/> Other

