

Trace element testing form

Lab Number #

PRACTICE	OWNER NAME		
VETERINARIAN	OWNER ADDRESS/PH		
VET REF NUMBER			
DATE SAMPLES COLLECTED	FARM ID / NAIT / AGRIBASE		
<input type="checkbox"/> VET INTERPRETATION	AGE	BREED	SEX
<input type="checkbox"/> VET ALERT MESSAGE <i>(include mobile number)</i>	<input type="checkbox"/> BOVINE	<input type="checkbox"/> OVINE	<input type="checkbox"/> CERVINE <input type="checkbox"/> OTHER:

Have a custom trace element panel set up for your clinic? Let us know your custom test code here – you can still add on extras below.

Custom panel code:	
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Select the combination of testing that suits your requirements the best. We have provided our recommendations for each test type below.

Choose your blood tests (✓):	Number of samples to test:	We recommend:	Sample type:
<input type="checkbox"/> B12 (cobalt)		10	Red top
<input type="checkbox"/> Copper		10	Red top
<input type="checkbox"/> Ferroxidase		10	Red top
<input type="checkbox"/> GPx		5	EDTA
<input type="checkbox"/> Inorganic iodine		5-10	Red top / EDTA / Heparin
<input type="checkbox"/> Magnesium		10	Red top
<input type="checkbox"/> Selenium		5-10	Red top / EDTA
<input type="checkbox"/> Zinc		10	Red top
Choose your liver tests (✓):	Number of samples to test:		
<input type="checkbox"/> B12 (cobalt)		5	Liver
<input type="checkbox"/> Copper		≥10	Liver
<input type="checkbox"/> Selenium		5	Liver
<input type="checkbox"/> Zinc		5	Liver
Add on some extra tests (✓):	Number of samples to test:		
<input type="checkbox"/> GGT		10	Red top
<input type="checkbox"/> Phosphate		10	Red top
<input type="checkbox"/> Other:			
Comments:			

SAMPLES RECEIVED (for lab use only)			
<input type="checkbox"/> Red top	<input type="checkbox"/> EDTA	<input type="checkbox"/> Heparin	<input type="checkbox"/> Liver <input type="checkbox"/> Other