

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

PRACTICE \_\_\_\_\_ OWNER NAME \_\_\_\_\_

VETERINARIAN \_\_\_\_\_ OWNER ADDRESS/PH \_\_\_\_\_

VET REF NUMBER \_\_\_\_\_

DATE SAMPLE COLLECTED \_\_\_\_\_ FARM ID / NAIT / AGRIBASE \_\_\_\_\_

PREVIOUS CASE NUMBER \_\_\_\_\_ ANIMAL ID (see over for multiples) \_\_\_\_\_

**VET INTERPRETATION REQUIRED**

 AGE \_\_\_\_\_ BREED \_\_\_\_\_ MALE  FEMALE 
 **VET ALERT MESSAGE** (include mobile number) \_\_\_\_\_
  BOVINE  OVINE  CAPRINE  OTHER: \_\_\_\_\_

CLINICAL HISTORY (more space overleaf) \_\_\_\_\_ EMAIL FOR CORRESPONDENCE \_\_\_\_\_

**No. ANIMALS AT RISK**  **No. ANIMALS AFFECTED**  **No. ANIMALS DEAD** 

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

SAMPLES RECEIVED (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

