

Equine Pathology Submission Form



LAB NO.	
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LAB TECH INITIALS	
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CONTACT DETAILS

IDEXX Laboratories South Africa:	+27 691 8200 (Option 2)
Laboratory E-mail Address:	Lab-SA@idexx.com

PATIENT DETAILS

Name:		
Owner Name and Surname:		
Age:	Years	Months
Breed:	<input type="checkbox"/> Thoroughbred <input type="checkbox"/> Warmblood <input type="checkbox"/> Shire or Draught <input type="checkbox"/> Pony <input type="checkbox"/> Other	
<input type="checkbox"/> Stallion <input type="checkbox"/> Gelding <input type="checkbox"/> Mare		

DEMOGRAPHIC INFORMATION REQUIRED

Vet Practice Name:	Tel No:
Email:	Fax No:
Referring Vet:	Copies Sent to:
Vet's Ref Number:	Date Collected:
Status:	<input type="checkbox"/> Stat <input type="checkbox"/> Routine

SPECIMEN TYPE	<input type="checkbox"/> Blood <input type="checkbox"/> Swab <input type="checkbox"/> Faeces <input type="checkbox"/> Skin <input type="checkbox"/> Organ <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Urine <input type="checkbox"/> Cysto <input type="checkbox"/> Free-Flow <input type="checkbox"/> Catheter <input type="checkbox"/> Other (Specify):
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A detailed history is essential - PLEASE INDICATE CLEARLY on the CLINICAL HISTORY section.
Sample tubes must be marked with Patient identification and collection date. No responsibility will be taken for errors on unmarked sample tubes.
PLEASE SUBMIT REFERRAL TEST REQUESTS TOGETHER WITH RELEVANT REFERRAL LAB FORM TO PREVENT DELAYS.

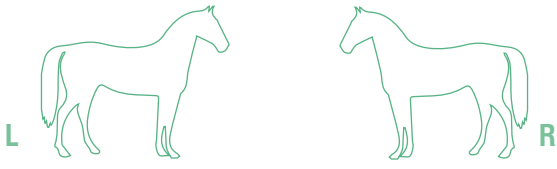
REASON FOR TESTING	<input type="checkbox"/> Diagnostic <input type="checkbox"/> Fitness/Routine <input type="checkbox"/> Other (Specify):
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CODE	BIOCHEMISTRY	SAMPLE
<input type="checkbox"/>	NA1 Sodium	🔴
<input type="checkbox"/>	KA Potassium	🔴
<input type="checkbox"/>	CL Chloride	🔴
<input type="checkbox"/>	BIC Total CO ₂ (Bicarbonate)	🔴
<input type="checkbox"/>	CA Calcium (Total)	🔴
<input type="checkbox"/>	PHOS Inorganic Phosphate	🔴
<input type="checkbox"/>	UREA Urea	🔴
<input type="checkbox"/>	CREAT Creatinine	🔴
<input type="checkbox"/>	TP Total Serum Protein	🔴
<input type="checkbox"/>	ALB Albumin	🔴
<input type="checkbox"/>	GKB Globulin	🔴
<input type="checkbox"/>	A:G:RATIO Albumin: Globulin Ratio	🔴
<input type="checkbox"/>	ELCT Protein Electrophoresis	🔴
<input type="checkbox"/>	GLUC Glucose (fasting / random)	🔴
<input type="checkbox"/>	ALT1 Alanine Transaminase (ALT)	🔴
<input type="checkbox"/>	AST Aspartate Transaminase (AST)	🔴
<input type="checkbox"/>	ALK Alkaline Phosphatase (Alkp)	🔴
<input type="checkbox"/>	GGT Gamma Glutamyl-Transferase (GGT)	🔴
<input type="checkbox"/>	LDH Lactate Dehydrogenase (LDH)	🔴
<input type="checkbox"/>	CK1 Creatine Kinase (CK)	🔴
<input type="checkbox"/>	BILIT Bilirubin Total	🔴
<input type="checkbox"/>	BILIC Bilirubin Conjugated	🔴
<input type="checkbox"/>	BILIU Bilirubin Unconjugated	🔴
<input type="checkbox"/>	FIBB Fibrinogen	🔴🔴
<input type="checkbox"/>	SAA Serum Amyloid A	🔴
CODE	HAEMATOLOGY	SAMPLE
<input type="checkbox"/>	BLSE Blood Smear Evaluation (by Pathologist)	🔴
<input type="checkbox"/>	CROS Cross-Matching (up to 4 donors)	🔴🔴
<input type="checkbox"/>	DIFF Differential Count	🔴
<input type="checkbox"/>	ESR Erythrocyte Sedimentation Rate (ESR)	🔴
<input type="checkbox"/>	FBC Full/ Complete Blood Count	🔴

CODE	PROFILES	SAMPLE
<input type="checkbox"/>	Own Profile	
<input type="checkbox"/>	EQFIT Equine Fitness Profile	🔴🔴
<input type="checkbox"/>	EQGEN Equine General Profile	🔴🔴🔴
<input type="checkbox"/>	EQINFLAM Equine Inflammation Profile	🔴🔴
<input type="checkbox"/>	FOALB Foal Basic Profile	🔴🔴🔴
<input type="checkbox"/>	EQMIN Equine Minor Medical Profile	🔴🔴
CODE	ENDOCRINE	SAMPLE
Endocrine Comment Required		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
History mandatory for endocrine requests. Please complete overleaf.		
<input type="checkbox"/>	DEXALOW Dexameth. Supp. (Low Dose) 0 & 24 Hr	🔴🔴
CODE	SEROLOGY	SAMPLE
<input type="checkbox"/>	FOAL SNAP Foal IgG	🔴
CODE	CYTOLOGY	SAMPLE
<input type="checkbox"/>	ABDOMEFF Abdominal/ Peritoneal Effusion	🔴🔴
<input type="checkbox"/>	BM Bone Marrow Evaluation + B/S	🔴
<input type="checkbox"/>	BAL Broncho-Alveolar Lavage (incl. Culture)	🔴🔴
<input type="checkbox"/>	CSF Cerebrospinal Fluid	🔴
<input type="checkbox"/>	FNA Fine Needle Aspirates (1 site, max. 2 slides)	🔴
<input type="checkbox"/>	JOFL Joint Fluid	🔴🔴
<input type="checkbox"/>	NASAL Nasal Flush (incl. Culture)	🔴🔴
<input type="checkbox"/>	PEREFFU Pericardial Effusion	🔴🔴
<input type="checkbox"/>	TEFFU Thoracic/ Pleural Effusion	🔴🔴
<input type="checkbox"/>	TTAS Trans Tracheal Aspirate (incl. Culture)	🔴🔴
<input type="checkbox"/>	USC Urine Cytology/Specialist Comment	🔴🔴

CODE	MICROBIOLOGY	SAMPLE
History is mandatory for Microbiology. Please fill in the Additional History section overleaf.		
<input type="checkbox"/>	AFM Aborted Fetus Microbiology	🔴
<input type="checkbox"/>	CUAE Aerobic Bacterial Culture & Antibiogram	🔴
<input type="checkbox"/>	CUAN Aerobic & Anaerobic Bacterial Culture & Antibiogram	🔴
<input type="checkbox"/>	AAST Additional Antibiogram (>1 bacterial isolate)	🔴
<input type="checkbox"/>	CUBL Blood Culture (Excl. Blood Culture Bottle)	🔴
<input type="checkbox"/>	CUEQ Equine Prebreeding Culture	🔴
<input type="checkbox"/>	CUFU Fungal Culture & Antibiogram	🔴
CODE	URINE	SAMPLE
<input type="checkbox"/>	URIN Urinalysis (excl. Culture)	🔴
<input type="checkbox"/>	URINCUL Urinalysis (incl. Culture)	🔴
<input type="checkbox"/>	URPC Urine Protein: Creatinine Ratio	🔴
CODE	FAECAL ANALYSIS	SAMPLE
<input type="checkbox"/>	PARF Faecal Flotation	🔴
CODE	REFERRED TESTS	SAMPLE
Please reference pricelist for prices & terms & conditions on referred tests.		
<input type="checkbox"/>	LACT Lactate	🔴
<input type="checkbox"/>	TEST Testosterone	🔴
<input type="checkbox"/>	THBAB-PCR Theileria equi/Babesia equi PCR	🔴
<input type="checkbox"/>	DRUG Comprehensive Drug Screen	🔴🔴
<input type="checkbox"/>	EQUINSU Insulin	🔴
<input type="checkbox"/>	PROG Progesterone	🔴

HISTOLOGY / CYTOLOGY / MICROBIOLOGY

Lesion Size: x x mm	Please indicate collection site and tick tests required	Histology	Cytology		Microbiology		
<input type="checkbox"/> Mobile <input type="checkbox"/> Fixed		Histology	Cytology Slide Analysis	Fluids Analysis Cytology	Aerobic Culture & Antibiotogram	Aerobic & Anaerobic Culture & Antibiotogram	Fungal Culture & Antibiotogram
<input type="checkbox"/> New <input type="checkbox"/> Recurrence							
Please indicate:							
	Site #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Site #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Site #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Test <input type="checkbox"/> Immunohistochemistry (specify Details):							

CLINICAL HISTORY

Course	<input type="checkbox"/> P/Acute <input type="checkbox"/> Acute <input type="checkbox"/> S/Acute <input type="checkbox"/> Chronic	Temperature	<input type="checkbox"/> V. High <input type="checkbox"/> High <input type="checkbox"/> Normal <input type="checkbox"/> Low
Habitus	<input type="checkbox"/> 4+ <input type="checkbox"/> 3+ <input type="checkbox"/> 2+ <input type="checkbox"/> 1+	Condition	<input type="checkbox"/> Obese <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Emaciated
Appetite	<input type="checkbox"/> Good <input type="checkbox"/> Mod. <input type="checkbox"/> Poor <input type="checkbox"/> None	M/Membranes	<input type="checkbox"/> C/gested <input type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Icteric
Diarrhoea	<input type="checkbox"/> Severe <input type="checkbox"/> Mod. <input type="checkbox"/> Mild <input type="checkbox"/> None	Resp. Rate	_____ r/min Heart Rate _____ b/min
Urination	<input type="checkbox"/> Poly-U <input type="checkbox"/> Normal <input type="checkbox"/> Olig-U <input type="checkbox"/> U/known	Abdomen	Skin/Coat
Dehydration	<input type="checkbox"/> Severe <input type="checkbox"/> Mod. <input type="checkbox"/> Mild <input type="checkbox"/> None	Urine SG	Diet
Other	_____		

ADDITIONAL HISTORY

SUBMITTING VETERINARY CLINIC





















STAMP

Name: _____

Signature: _____

Date: _____

LEGEND

-  Sodium citrate collection tube
-  Serum collection tube
-  EDTA collection tube
-  Sodium Fluoride collection tube
-  Brown top plain tube (No additives)
-  Serum gel collection tube
-  Heparin collection tube
-  Formalin
-  Faecal sample
-  Urine sample
-  Urine stones
-  Impression smear
-  Fine needle aspirate
-  Swab
-  Water sample
-  Milk sample
- TAT Turn Around Time
- S/d 24 hrs
-  Organ/ Tissue
-  Fluid
-  Sheathwash
-  Blood culture bottle

FOR OFFICE USE ONLY

Date Received: _____	Initials: _____	Samples Submitted: _____
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