

Companion Animal Pathology Submission Form



LAB NO.

LAB TECH INITIALS

DEMOGRAPHIC INFORMATION REQUIRED

Vet Practice Name: Tel No:

Email: Fax No:

Referring Vet: Copies Sent to:

Vet's Ref Number: Date Collected:

Status: Stat Routine

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:

Equine Canine Feline Bovine
 Ovine Caprine Exotic Poultry/ Avian

Age: Breed:

Male Neutered Female Spayed

SPECIMEN TYPE

Blood Swab Faeces Skin Organ Other (Specify):

Urine Cysto Free-Flow Catheter Other (Specify):

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.

Suspected Clinical Diagnosis: Case Interpretation Required: Yes No (Please supply clinical history. Additional fee applies.)

CODE	BIOCHEMISTRY	SAMPLE
<input type="checkbox"/>	NA1 Sodium	6
<input type="checkbox"/>	KA Potassium	6
<input type="checkbox"/>	CL Chloride	6
<input type="checkbox"/>	BIC Total CO ₂ (Bicarbonate)	6
<input type="checkbox"/>	CA Calcium (Total)	6
<input type="checkbox"/>	PHOS Inorganic Phosphate	6
<input type="checkbox"/>	MG Magnesium	6
<input type="checkbox"/>	FE Iron	6
<input type="checkbox"/>	UREA Urea	6
<input type="checkbox"/>	FGF23 FGF-23	6
<input type="checkbox"/>	CREAT Creatinine	6
<input type="checkbox"/>	SDMA SDMA (Symmetric dimethylarginine)	6
<input type="checkbox"/>	TP Total Serum Protein	6
<input type="checkbox"/>	CANDYS Canine Dysbiosis	5g
<input type="checkbox"/>	FELDYS Feline Dysbiosis	5g
<input type="checkbox"/>	ALB Albumin	6
<input type="checkbox"/>	GKB Globulin	6
<input type="checkbox"/>	A:GRATIO Albumin: Globulin Ratio	6
<input type="checkbox"/>	ELCT Protein Electrophoresis	6
<input type="checkbox"/>	CHOL Cholesterol	6
<input type="checkbox"/>	TRIG Triglycerides	6
<input type="checkbox"/>	GLUC Glucose (fasting / random)	6
<input type="checkbox"/>	ALT1 Alanine Transaminase (ALT)	6
<input type="checkbox"/>	AST Aspartate Transaminase (AST)	6
<input type="checkbox"/>	ALK Alkaline Phosphatase (Alkp)	6
<input type="checkbox"/>	GGT Gamma Glutamyl-Transferase (GGT)	6
<input type="checkbox"/>	LDH Lactate Dehydrogenase (LDH)	6
<input type="checkbox"/>	CK1 Creatine Kinase (CK)	6
<input type="checkbox"/>	LIP Lipase	6
<input type="checkbox"/>	AMY Amylase	6
<input type="checkbox"/>	BILIT Bilirubin Total	6
<input type="checkbox"/>	BILIC Bilirubin Conjugated	6
<input type="checkbox"/>	BILIU Bilirubin Unconjugated	6

CODE	BIOCHEMISTRY	SAMPLE
<input type="checkbox"/>	SBA Bile acids (fasting)	6
<input type="checkbox"/>	SBAP Bile acids (post prandial)	6
<input type="checkbox"/>	LACT Lactate	6
<input type="checkbox"/>	UA Uric Acid	6
<input type="checkbox"/>	RCE Cholinesterase (RBC)	6
<input type="checkbox"/>	SCE Cholinesterase (Serum)	6
<input type="checkbox"/>	FIBB Fibrinogen	6
<input type="checkbox"/>	SAA Serum Amyloid A	6
<input type="checkbox"/>	SFOL Folate	6
<input type="checkbox"/>	SB12 Vitamin B12	6
<input type="checkbox"/>	ICA Ionized Calcium	(on ice)
<input type="checkbox"/>	PT PT & PTT	6
<input type="checkbox"/>	PROTCF CSF Protein (Total)	6
<input type="checkbox"/>	TROPI Cardiac Troponin I	6

CODE	HAEMATOLOGY	SAMPLE
<input type="checkbox"/>	BC Partial Blood Count	6
<input type="checkbox"/>	BLSE Blood Smear Evaluation (by Pathologist)	6
<input type="checkbox"/>	COOM Coombs	6
<input type="checkbox"/>	CROS Cross-Matching (up to 4 donors)	6
<input type="checkbox"/>	DIFF Differential Count	6
<input type="checkbox"/>	ESR Erythrocyte Sedimentation Rate (ESR)	6
<input type="checkbox"/>	FBC Full/ Complete Blood Count	6
<input type="checkbox"/>	ISAG In Saline Agglutination (ISA)	6
<input type="checkbox"/>	PCV Manual PCV (%)	6

CODE	PROFILES	SAMPLE
<input type="checkbox"/>	Own Profile	
<input type="checkbox"/>	ANAE Anaemia Screen	6
<input type="checkbox"/>	HAEM Haemorrhagic Diathesis Profile	6
<input type="checkbox"/>	INTP Intestinal Profile 1 (incl. culture)	6
<input type="checkbox"/>	CGM Canine General Medical Profile	6
<input type="checkbox"/>	CPA Canine Pre-Anaesthetic (Younger Dog)	6
<input type="checkbox"/>	CMM Canine Minor Medical / Pre-Anaesthetic (Older Dog)	6

CODE	PROFILES	SAMPLE
<input type="checkbox"/>	CMVEXLR Canine Minor Medical (excl. Urine)	6
<input type="checkbox"/>	CMMUMI-CRO Canine Minor Medical (plus Urine Sediment Microscopy)	6
<input type="checkbox"/>	CGER Canine Geriatric Profile	6
<input type="checkbox"/>	CHEP Canine Hepatic Profile	6
<input type="checkbox"/>	CPOLY Canine Polydypsia Screen	6
<input type="checkbox"/>	CSEIZ Canine Seizure Profile	6
<input type="checkbox"/>	CRENAL Canine Renal Failure Profile	6
<input type="checkbox"/>	CCRENA Canine Chronic Renal Failure Monitoring	6
<input type="checkbox"/>	PROTRD Proteinuric Renal Disease Monitoring	6
<input type="checkbox"/>	CTHY Canine Thyroid Profile	6
<input type="checkbox"/>	CVOM Canine Vomiting Profile	6
<input type="checkbox"/>	CINTEST Canine Intestinal Profile 2	6
<input type="checkbox"/>	FREN Feline Renal Profile	6
<input type="checkbox"/>	FGENP Feline General Profile	6
<input type="checkbox"/>	FHEP Feline Hepatic Profile	6
<input type="checkbox"/>	FHTSCR Feline Hyperthyroid Screen	6
<input type="checkbox"/>	FWELL Feline Senior Wellness	6
<input type="checkbox"/>	FHTMON Feline Hyperthyroid Monitoring	6
<input type="checkbox"/>	FHTPOST Feline Hyperthyroid Post Operative	6
<input type="checkbox"/>	FMINOR Feline Minor Medical Profile	6
<input type="checkbox"/>	FVIRAL Feline Viral Screen	6
<input type="checkbox"/>	FIP FIP Screen	6
<input type="checkbox"/>	FVOM Feline Vomiting Profile	6
<input type="checkbox"/>	EQFIT Equine Fitness Profile	6
<input type="checkbox"/>	EQGEN Equine General Profile	6
<input type="checkbox"/>	EQINFLAM Equine Inflammation Profile	6
<input type="checkbox"/>	EQMIN Equine Minor Medical Profile	6
<input type="checkbox"/>	FOALB Foal Basic Profile	6
<input type="checkbox"/>	FOALADV Foal Advanced Profile	6
<input type="checkbox"/>	RUMGP Ruminant General Profile	6
<input type="checkbox"/>	AVB Avian Basic	6

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"/> BO	17-B-Oestradiol	🔴 (on ice)
<input type="checkbox"/> OHPROG	17- α -Hydroxy-Progesterone	🔴 (on ice)
<input type="checkbox"/> ACTH	ACTH Stim. Test (Pre & Post)	🟡🟡
<input type="checkbox"/> TRILO	Trilostane Response Test (Pre & Post)	🟡🟡
<input type="checkbox"/> CORT	Cortisol Basal	🟡
<input type="checkbox"/> DEXALOW	Dexameth. Supp. (Low Dose) 0, 4 & 8 Hr	🟡🟡🟡
<input type="checkbox"/> DEXAH	Dexameth Supp. (High Dose) 0, 4 & 8 Hr	🟡🟡🟡
<input type="checkbox"/> FRUC	Fructosamine	🟡
<input type="checkbox"/> INSU	Insulin	🟡
<input type="checkbox"/> PROG	Progesterone	🔴
<input type="checkbox"/> TEST	Testosterone	🔴
<input type="checkbox"/> FT4	Free T4 (Equilibrium Dialysis)	🟡
<input type="checkbox"/> TT4	Total T4	🟡
<input type="checkbox"/> TSH	cTSH	🟡
<input type="checkbox"/> TSHREFLEX	cTSH Confirmatory (Supply Result)	🟡
<input type="checkbox"/> KT4CONF	TT4 Confirmatory (Supply Result)	🟡
CODE	OTHER TESTS	SAMPLE
<input type="checkbox"/> LEAD	Blood lead	🟡
<input type="checkbox"/> CPLI	Canine cPLI (Quantitative)	🔴
<input type="checkbox"/> FPLI	Feline fPLI (Quantitative)	🔴
<input type="checkbox"/> PROBPNP	Cardiopet™ ProBNP (Canine)	🟡
<input type="checkbox"/> PROB	Cardiopet™ ProBNP (Feline)	🔴
<input type="checkbox"/> TLI	Canine Trypsin-like Immunoassay (TLI)	🔴
<input type="checkbox"/> DRUG	Comprehensive Drug Screen	🟡
<input type="checkbox"/> CYCLO	Cyclosporin	🟡
<input type="checkbox"/> DIGOX	Digoxin	🔴
<input type="checkbox"/> MINA	Minerals Analysis	ASK LAB
<input type="checkbox"/> PHENO	Phenobarbitone	🔴
<input type="checkbox"/> PBRO	Potassium Bromide	🔴🔴

CODE	OTHER TESTS	SAMPLE
<input type="checkbox"/> FIV	SNAP Combo FeLV/FIV	🔴
<input type="checkbox"/> FOAL	SNAP Foal IgG	🔴
<input type="checkbox"/> ZI	Zinc	🟡
CODE	SEROLOGY	SAMPLE
Ab - Antibody Test • Ag - Antigen Test		
<input type="checkbox"/> ANA	Antinuclear Antibody (ANA)	Ab 🔴
<input type="checkbox"/> CDISCSF	Canine Distemper CSF (FAT)	Ab 🔴
<input type="checkbox"/> CDISIGG	Canine Distemper IgG (FAT)	Ab 🔴
<input type="checkbox"/> CDISIGM	Canine Distemper IgM (FAT)	Ab 🔴
<input type="checkbox"/> ECANIGG	Ehrlichia Canis IgG (FAT)	Ab 🔴
<input type="checkbox"/> ECANIGM	Ehrlichia Canis IgM (FAT)	Ab 🔴
<input type="checkbox"/> FCAL	Feline Calici Virus (FAT)	Ab 🔴
<input type="checkbox"/> FCOR	Feline Corona Virus (FAT)	Ab 🔴
<input type="checkbox"/> FHERAB	Feline Herpes Virus (FAT)	Ab 🔴
<input type="checkbox"/> NEOSP	Neospora IgG (FAT)	Ab 🔴
<input type="checkbox"/> PANL	Feline Panleucopaenia Virus (FAT)	Ab 🔴
<input type="checkbox"/> TOXOAB	Toxoplasmosis (Agglutination)	Ab 🔴
CODE	MICROBIOLOGY	SAMPLE
Please complete Microbiology Pathology Form		
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. 4 slides)	🟡
<input type="checkbox"/> JOFL	Joint Fluid	🔴🔴
<input type="checkbox"/> SMEARIMP	Immunohistochemistry/ Tumour Markers	📱
<input type="checkbox"/> NASAL	Nasal Flush (incl. Culture)	🔴🔴
<input type="checkbox"/> PEREFFU	Pericardial Effusion	🔴🔴
<input type="checkbox"/> TEFFU	Thoracic/ Pleural Effusion	🔴🔴

CODE	CYTOLOGY	SAMPLE
<input type="checkbox"/> TTAS	Trans Tracheal Aspirate (incl. Culture)	🔴🔴
<input type="checkbox"/> USC	Urine Cytology/Specialist Comment	🔴🔴
CODE	URINE	SAMPLE
<input type="checkbox"/> URIN	Urinalysis (excl. Culture)	🔴
<input type="checkbox"/> URINCUL	Urinalysis (incl. Culture)	🔴
<input type="checkbox"/> URCA	Urine Calculus Bladder Stone/s	🔴
<input type="checkbox"/> UCORT	Urine Cortisol	🔴
<input type="checkbox"/> UCCR	Urine Cortisol: Creatinine Ratio	🔴
<input type="checkbox"/> URINEDI	Urine Dipstick incl. Urine SG	🔴
<input type="checkbox"/> URINMICRO	Urine Microscopy In-House	🔴
<input type="checkbox"/> UOSMO	Urine Osmolarity	🔴
<input type="checkbox"/> FCKA	Urine Potassium Fractional Clearance	🔴🔴
<input type="checkbox"/> URPC	Urine Protein: Creatinine Ratio	🔴
<input type="checkbox"/> FCNA	Urine Sodium Fractional Clearance	🔴🔴
<input type="checkbox"/> USG	Urine Specific Gravity (SG)	🔴
CODE	FAECAL ANALYSIS	SAMPLE
<input type="checkbox"/> PARF	Faecal Flotation	🔴
<input type="checkbox"/> GIARD	Giardia SNAP Test	🔴
<input type="checkbox"/> OCC	Occult Blood	🔴
PATHOLOGY		
See Pathology Request Forms		
REFERRAL (PCR & OTHER) TESTS		
See Referral Request Form		
OTHER TEST REQUESTS:		
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

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 <input type="checkbox"/> CRT
Vomition	<input type="checkbox"/> Often	<input type="checkbox"/> S/times	<input type="checkbox"/> Seldom	<input type="checkbox"/> None	Resp. Rate	r/min		Heart Rate	b/min
Diarrhoea	<input type="checkbox"/> Severe	<input type="checkbox"/> Mod.	<input type="checkbox"/> Mild	<input type="checkbox"/> None	Abdomen			Skin/Coat	
Urination	<input type="checkbox"/> Poly-U	<input type="checkbox"/> Normal	<input type="checkbox"/> Olig-U	<input type="checkbox"/> U/known	Urine SG				
Dehydration	<input type="checkbox"/> Severe	<input type="checkbox"/> Mod.	<input type="checkbox"/> Mild	<input type="checkbox"/> None	Diet				

ADDITIONAL HISTORY
<hr/> <hr/> <hr/>

SUBMITTING VETERINARY CLINIC
STAMP
Name: _____
Signature: _____
Date: _____

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

FOR OFFICE USE ONLY		
Date Received: _____	Initials: _____	Samples Submitted: _____