

Equine Racing Submission Form



LAB NO.

LAB TECH INITIALS

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

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

REPRESENTATIVE

Name:

Position:

Signature:

HORSE DETAILS (COMPLETE TABLE OVERLEAF)

Number of horses submitted:

SPECIMEN TYPE Blood Swab Other (Specify):

Sample tubes must be marked with Patient identification and collection date. No responsibility will be taken for errors on unmarked sample tubes.

REASON FOR TESTING Diagnostic Fitness/Routine Other (Specify):

CODE	BIOCHEMISTRY	SAMPLE
<input type="checkbox"/>	NA1 Sodium	
<input type="checkbox"/>	KA Potassium	
<input type="checkbox"/>	BIC Total CO ₂ (Bicarbonate)	
<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"/>	AST Aspartate Transaminase (AST)	
<input type="checkbox"/>	GGT Gamma Glutamyl-Transferase (GGT)	
<input type="checkbox"/>	CK1 Creatine Kinase (CK)	
<input type="checkbox"/>	BILIT Bilirubin Total	
<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"/>	FBC Full/ Complete Blood Count	
CODE	PROFILES	SAMPLE
<input type="checkbox"/>	Own Profile	
<input type="checkbox"/>	EQFT Equine Fitness Profile	
<input type="checkbox"/>	EQGEN Equine General Profile	
<input type="checkbox"/>	EQMIN Equine Minor Medical Profile	
CODE	CYTOLOGY	SAMPLE
<input type="checkbox"/>	BAL Broncho-Alveolar Lavage (incl. Culture)	
<input type="checkbox"/>	JOFL Joint Fluid	
<input type="checkbox"/>	NASAL Nasal Flush (incl. Culture)	
<input type="checkbox"/>	TTAS Trans Tracheal Aspirate (incl. Culture)	

CODE	MICROBIOLOGY	SAMPLE
History is mandatory for Microbiology. Please fill in the Additional History section overleaf.		
<input type="checkbox"/>	CUAE Aerobic Bacterial Culture & Antibiogram	
<input type="checkbox"/>	CUAN Aerobic & Anaerobic Bacterial Culture & Antibiogram	
<input type="checkbox"/>	CUBL Blood Culture (Excl. Blood Culture Bottle)	
<input type="checkbox"/>	CUEQ Equine Prebreeding Culture	
<input type="checkbox"/>	CUFU Fungal Culture & Antibiogram	

OTHER TESTS/HISTORY

SUBMITTING VETERINARY CLINIC

STAMP

Name:

Signature:

Date:

LEGEND

	Sodium citrate collection tube		Impression smear
	Serum collection tube		Fine needle aspirate
	EDTA collection tube		Swab
	Sodium Fluoride collection tube		Water sample
	Brown top plain tube (No additives)		Milk sample
	Serum gel collection tube	TAT	Turn Around Time
	Heparin collection tube	S/d	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:

ANIMAL IDENTIFICATION NUMBERS LISTED BELOW:

Animal ID	Lab Ref. No.	Animal ID	Lab Ref. No.
1		26	
2		27	
3		28	
4		29	
5		30	
6		31	
7		32	
8		33	
9		34	
10		35	
11		36	
12		37	
13		38	
14		39	
15		40	
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25		50	