

# Production Animal 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		FARM/OWNER DETAILS	
Vet Practice Name:	Tel No:	Name:	Farm/Owner contact:
Email:	Fax No:	Farm Name:	GPS Coordinates:
Referring Vet:	Copies Sent to:	District:	State vet:
Vet's Ref Number:	Date Collected:	<input type="checkbox"/> Bovine <input type="checkbox"/> Caprine <input type="checkbox"/> Ovine <input type="checkbox"/> Porcine <input type="checkbox"/> Avian <input type="checkbox"/> Other:	
Status:	<input type="checkbox"/> Stat <input type="checkbox"/> Routine	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Breed:

SPECIMEN TYPE	<input type="checkbox"/> Blood <input type="checkbox"/> Swab <input type="checkbox"/> Faeces <input type="checkbox"/> Other (Specify):				Date collected:	Date sent:
	<input type="checkbox"/> Urine <input type="checkbox"/> Cysto <input type="checkbox"/> Free-Flow <input type="checkbox"/> Catheter <input type="checkbox"/> Other (Specify):					No. of samples:
	Purpose of testing: <input type="checkbox"/> Routine <input type="checkbox"/> Problem <input type="checkbox"/> Sale <input type="checkbox"/> Diagnostic <input type="checkbox"/> Other (Specify):					

**A detailed history is essential - PLEASE INDICATE CLEARLY on the CLINICAL HISTORY section.**

CODE	BIOCHEMISTRY	SAMPLE
<input type="checkbox"/>	ALB Albumin	6
<input type="checkbox"/>	A:GRATIO Albumin: Globulin Ratio	
<input type="checkbox"/>	ALK Alkaline Phosphatase (Alkp)	6
<input type="checkbox"/>	ALT1 Alanine Transferase (ALT)	6
<input type="checkbox"/>	AMY Amylase	6
<input type="checkbox"/>	AST Aspartate Transferase (AST)	6
<input type="checkbox"/>	BILIC Bilirubin Conjugated	6
<input type="checkbox"/>	BILIT Bilirubin Total	6
<input type="checkbox"/>	BILIU Bilirubin Unconjugated	6
<input type="checkbox"/>	CA Calcium (Total)	6
<input type="checkbox"/>	CL Chloride	6
<input type="checkbox"/>	CHOL Cholesterol	6
<input type="checkbox"/>	CK1 Creatine Kinase (CK)	6
<input type="checkbox"/>	CREAT Creatinine	6
<input type="checkbox"/>	FIBB Fibrinogen	6
<input type="checkbox"/>	GGT Gamma Glutamyl-Transferase (GGT)	6
<input type="checkbox"/>	GLUC Glucose (fasting or random)	6
<input type="checkbox"/>	GKB Globulin	
<input type="checkbox"/>	PHOS Inorganic Phosphate	6
<input type="checkbox"/>	FE Iron	6
<input type="checkbox"/>	LACT Lactate	6
<input type="checkbox"/>	LDH Lactate Dehydrogenase (LDH)	6
<input type="checkbox"/>	LIP Lipase	6
<input type="checkbox"/>	MG Magnesium	6
<input type="checkbox"/>	KA Potassium	6
<input type="checkbox"/>	ELCT Protein Electrophoresis	6
<input type="checkbox"/>	NA1 Sodium	6
<input type="checkbox"/>	BIC TCO <sub>2</sub> (Carbon Dioxide)	6
<input type="checkbox"/>	TP Total Serum Protein	6
<input type="checkbox"/>	TRIG Triglycerides	6
<input type="checkbox"/>	UREA Urea	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"/>	DIFF Differential Count	6
<input type="checkbox"/>	FBC Full/ Complete Blood Count	6

CODE	PROFILES	SAMPLE
<input type="checkbox"/>	Own Profile	
<input type="checkbox"/>	ANAE Anaemia Screen	6
<input type="checkbox"/>	RUMGP Ruminant General Profile	6
<input type="checkbox"/>	RUMLP Ruminant Liver Profile	6

CODE	ENDOCRINE TESTS	SAMPLE
<input type="checkbox"/>	BO 17-B-Oestradiol	6
<input type="checkbox"/>	OHPRG 17- $\alpha$ -Hydroxy-Progesterone	6
<input type="checkbox"/>	INSU Insulin	6
<input type="checkbox"/>	PROG Progesterone	6
<input type="checkbox"/>	TEST Testosterone	6

CODE	SEROLOGY	SAMPLE
<b>BOVINE</b>		
<input type="checkbox"/>	BPEGR1 Bovine Pregnancy ELISA	6
<input type="checkbox"/>	BVPREG Bovine Pregnancy Rapid Visual ELISA	6
<input type="checkbox"/>	BVDAN-TIGEN Bovine Viral Diarrhoea Ag (BVD) ELISA	6
<input type="checkbox"/>	BVD SNAP antigen	6
<input type="checkbox"/>	EBL Enzootic Bovine Leucosis Ab (EBL) ELISA	6
<input type="checkbox"/>	FAS Liver Fluke (Fasciola) Ab ELISA	6
<b>POULTRY</b>		
<input type="checkbox"/>	AE Avian Encephalomyelitis Ab (AE) ELISA	6
<input type="checkbox"/>	AIV Avian Influenza Ab ELISA	6
<input type="checkbox"/>	APV Avian Pneumovirus Ab (APV) ELISA	6
<input type="checkbox"/>	BWD BWD (Plate Agglutination)	6
<input type="checkbox"/>	REO Avian Reo Virus Ab ELISA	6
<input type="checkbox"/>	EDS Egg Drop Syndrome Ab (EDS) ELISA	6
<input type="checkbox"/>	ILT Fowl Laryngotracheitis Ab ELISA	6
<input type="checkbox"/>	IB Infectious Bronchitis Ab (IB) ELISA	6
<input type="checkbox"/>	IBD Infectious Bursal Disease Ab (IBD) ELISA	6
<input type="checkbox"/>	MYCO-GALLELSISA Mycoplasma gallisepticum (MG) Ab ELISA	6
<input type="checkbox"/>	MS Mycoplasma synoviae (MS) Ab ELISA	6
<input type="checkbox"/>	ND Newcastle Disease Ab (NDV) ELISA	6
<b>PORCINE</b>		
<input type="checkbox"/>	PPRS Porcine Respiratory & Reproductive Syndrome Ab (PPRS) ELISA	6
<b>OTHER</b>		
<input type="checkbox"/>	CLOS Clostridium FAT (sp. chauvoei, novyi, septicum, sordelli)	6

CODE	MICROBIOLOGY	SAMPLE
<b>Please complete the Microbiology Submission Form</b>		
CODE	CYTOLOGY	SAMPLE
<input type="checkbox"/>	BAL Broncho-Alveolar Lavage (incl. Culture)	6
<input type="checkbox"/>	FNA Fine Needle Aspirates - (1 site, max. 2 slides)	6
<input type="checkbox"/>	NASAL Nasal Flush (incl. Culture)	6
<input type="checkbox"/>	TTAS Trans Tracheal Aspirate (incl. Culture)	6
CODE	URINE	SAMPLE
<input type="checkbox"/>	URIN Urinalysis (excl. Culture)	6
<input type="checkbox"/>	URINCUL Urinalysis (incl. Culture)	6
<input type="checkbox"/>	URINEDI Urine Dipstick incl. Urine SG	6
<input type="checkbox"/>	URINMICRO Urine Microscopy In-House	6
<input type="checkbox"/>	URPC Urine Protein Creatinine Ratio	6
<input type="checkbox"/>	USC Urine Specialist Comment	6
<input type="checkbox"/>	USG Urine Specific Gravity (SG)	6
CODE	FAECAL ANALYSIS	SAMPLE
<input type="checkbox"/>	PARF Faecal Flotation	6
CODE	OTHER	SAMPLE
<input type="checkbox"/>	INTERINDR Interpreted Cases (Add-On)	
<input type="checkbox"/>	INTERDIR Interpreted Cases (At Submission)	
<b>PATHOLOGY</b>		
<b>Complete Anatomical Pathology Form</b>		
<b>REFERRAL &amp; PCR TESTS</b>		
<b>Please complete Referral &amp; PCR Request Form</b>		
<b>OTHER TESTS</b>		
<input type="text"/>		
<input type="text"/>		
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Please see overleaf for recording of numbers.

**CLINICAL HISTORY / VACCINATION HISTORY**

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**ANIMAL IDENTIFICATION NUMBERS/EAR TAG NUMBERS TO BE LISTED BELOW: Prefix & Counter No. eg. (Q01,10001)**

1	21	41	61	81
2	22	42	62	82
3	23	43	63	83
4	24	44	64	84
5	25	45	65	85
6	26	46	66	86
7	27	47	67	87
8	28	48	68	88
9	29	49	69	89
10	30	50	70	90
11	31	51	71	91
12	32	52	72	92
13	33	53	73	93
14	34	54	74	94
15	35	55	75	95
16	36	56	76	96
17	37	57	77	97
18	38	58	78	98
19	39	59	79	99
20	40	60	80	100

**SUBMITTING VETERINARY CLINIC**


STAMP

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**LEGEND**

	Serum collection tube		Urine sample
	EDTA collection tube		Impression smear
	Sodium Fluoride collection tube		Fine needle aspirate
	Orange top plain tube (No additives)		Water sample
	Serum gel collection tube		

**FOR OFFICE USE ONLY**

Date Received: _____	Initials: _____	Samples Submitted: _____
Fridge: _____	Freezer: _____	Results issued: _____
		Date Discarded: _____