



FACULTY OF VETERINARY MEDICINE  
 VETERINARY LABORATORY SERVICES UNIT  
 DOCUMENT CODE: UPM/FPV/VLSU/BR014/SSR

SPECIMEN SUBMISSION & TEST REQUEST FORM

<b>LABORATORY USE ONLY</b>	<b>Lab. Ref. No</b>	<b>Received</b>	
		Date:	Time:

Patient/Specimen				
Case No:	Patient ID:	Species:	Age:	Previous Lab No. (Repeat)
Owner:		Breed:	Sex:	

<b>LABORATORY SERVICE(S) REQUESTED</b>	Clinical Pathology	Parasitology	Bacteriology	Histopathology	Virology	Post Mortem

Specimen (type):	STAT:	<b>Sample Collection</b>
Collection Method ( <i>if applicable</i> ):	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		Date:
		Time:

**History/Findings/PM** - (for biopsy/cytology specimen state: location, size, consistency, rate of growth & duration):

<p><b>History:</b></p>          <p><b>Clinical Findings:</b></p>          	<p>Location of sample taken (for biopsy/cytology):</p>
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**Tentative Diagnosis:**

**Clinician/Submitter**

I, hereby agree and will be responsible to pay charges for the services rendered by UPM  Name : IC No. : Tel. : Email :  <p style="text-align: center;">Signature and Stamp (Clinician/Pathologist/Others)</p>	Address (if applicable):   <hr/> Student Name: Tel: Email:
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Payment Method :  UVH     Online Transfer     Invoice/LO/PO     Research Vot:

**Please Fill in PAGE 2 to Request Specific Test(s)**



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Case No.	Patient ID	Lab. Ref. No	Date	Time

**PLEASE MARK (✓) THE TEST(S) REQUIRED**

**CLINICAL PATHOLOGY**

**HAEMATOLOGY**

- Complete Haemogram (WBC, RBC, HGB, PLT, Diff. Count, PCV, Plasma Protein, Icterus Index)

Individual Tests

- PCV & Plasma Protein
- Reticulocytes
- Fibrinogen
- Blood Smear Examination

**COAGULATION** (Citratd Blood)

- APTT
- PT

**MISCELLANEOUS**

- Crossmatching
- Others (Please Specify):

**BIOCHEMISTRY PANEL**

- Large Animal Biochemistry Panel
- Large Animal Liver Panel
- Large Animal Renal Panel
- Small Animal Biochemistry Panel
- Small Animal Liver Panel
- Small Animal Renal Panel
- Total Protein Panel
- Lipid Profile

**BIOCHEMISTRY (INDIVIDUAL TEST)**

- Electrolytes (Na, K, Cl)
- Calcium
- Phosphate
- Urea
- Creatinine
- Glucose
- Cholesterol
- Bilirubin, Total
- Bilirubin, Conjugated
- ALT
- ALP
- GGT
- Amylase
- AST
- CK
- LDH
- Total Protein (Serum)
- Albumin
- Globulin
- A:G
- Triglyceride
- Uric Acid
- Lactate
- Lipase
- LDL
- HDL
- Others (Please Specify):

**URINALYSIS**

- General Examination (Physical, Chemical, Microscopic)
- Bence Jones Protein

Method of collection:

- Spontaneous Micturition
- Catheterisation
- Cystocentesis
- Manual Compression

**CYTOLOGY**

Specimen details;

- Site/Tissue:
- FNA:
- Fluid:
- Impression Smear:
- Wash:
- CSF:
- Others (Please Specify):

**FAECAL EXAMINATION**

- General Examination (Physical, Chemical, Microscopic)
- Occult Blood
- Trypsin

**PARASITOLOGY**

- Gastrointestinal Parasites Diagnostic Panel (Faecal Examination)** (Direct Wet Mount/Stained Faecal Smear, Salt Floatation\*, McMaster\*, Sedimentation\*)

Individual Diagnostic Technique (Faecal Examination):

- Direct Wet Mount
- Stained Faecal Smear
- Salt Floatation
- Modified McMaster
- Sedimentation
- Larva culture

- Haemoparasites Diagnostic Panel (Blood Examination)** (Direct Wet Mount, Stained Thin Blood Film, KCT\*/HCT\*)

Individual Diagnostic Technique (Blood Examination):

- Direct Wet Mount
- Haematocrit Conc. Techn.(HCT)
- Stained Thin Blood Film
- Knott's Conc. Techn. (KCT)

Identification of Endo/Ectoparasites

- Morphological Identification (Microscopy)
- Molecular Detection (PCR)
- Molecular Identification (PCR + Sequence Interpretation)

\*Depending on the host species

**POST MORTEM**

- Post-mortem Examination
- Others (Please Specify):

**HISTOPATHOLOGY**

- Tissue Processing & Staining
- Biopsy Examination
- Others (Please Specify):

**VIROLOGY**

**Molecular Detection (PCR):**

- Newcastle Disease Virus (NDV)
- Avian Influenza Virus (AIV)
- Herpes Virus
- Fowl Adeno Virus (FAvV)
- Bird Sexing
- Feline Corona Virus (FCoV)
- Sequencing
- Egg Inoculation
- Cell Culture
- Hemagglutination-inhibition (HI)
- Others (Please Specify):

**BACTERIOLOGY**

Antibiotic Susceptibility Test:

- |   |  |                                      |                                       |   |  |
|---|--|--------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Isolation & Identification | <input type="checkbox"/> Amoxicillin     | <input type="checkbox"/> Ceftriaxone | <input type="checkbox"/> Doxycycline  | <input type="checkbox"/> Marbofloxacin  | <input type="checkbox"/> Polymixin B     |
| <input type="checkbox"/> Serology                   | <input type="checkbox"/> Amox/Clauv      | <input type="checkbox"/> Cefovecin   | <input type="checkbox"/> Enrofloxacin | <input type="checkbox"/> Mupirocin      | <input type="checkbox"/> Rifampicin      |
| <input type="checkbox"/> Others (Please Specify):   | <input type="checkbox"/> Ampicillin      | <input type="checkbox"/> Cefixime    | <input type="checkbox"/> Erythromycin | <input type="checkbox"/> Neomycin       | <input type="checkbox"/> Streptomycin    |
|   | <input type="checkbox"/> Azithromycin    | <input type="checkbox"/> Cefuroxime  | <input type="checkbox"/> Florfenicol  | <input type="checkbox"/> Norfloxacin    | <input type="checkbox"/> Sulfazole/Trime |
|   | <input type="checkbox"/> Cephalexin      | <input type="checkbox"/> Ceftazidime | <input type="checkbox"/> Fusidic Acid | <input type="checkbox"/> Nitrofurantoin | <input type="checkbox"/> Tetracycline    |
|   | <input type="checkbox"/> Chloramphenicol | <input type="checkbox"/> Clindamycin | <input type="checkbox"/> Gentamicin   | <input type="checkbox"/> Penicillin G   | <input type="checkbox"/> Tobramycin      |

**LAB. USE ONLY**

- |  |   |   |   |  |
|--|---|---|---|--|
| <b>Y N</b>   | <b>Y N</b>  | <b>Y N</b>  | <b>Y N</b>  | <b>Y N</b>   |
| Appropriate Specimen <input type="checkbox"/> <input type="checkbox"/> | Appropriate Test Method <input type="checkbox"/> <input type="checkbox"/> | Competent Personnel <input type="checkbox"/> <input type="checkbox"/> | Resources <input type="checkbox"/> <input type="checkbox"/> | Commencement of Work <input type="checkbox"/> <input type="checkbox"/> |

Comment (if no):

Signature:

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