



FACULTY OF VETERINARY MEDICINE
VETERINARY LABORATORY SERVICES UNIT

DOCUMENT CODE: UPM/FPV/VLSU/BR014/SSR

SPECIMEN SUBMISSION & TEST REQUEST FORM

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

PLEASE MARK (✓) THE TEST(S) REQUIRED
HAEMATOLOGY & CLINICAL BIOCHEMISTRY

<p>HAEMATOLOGY</p> <p><input type="checkbox"/> Complete Haemogram</p> <p><u>Individual Tests</u></p> <p><input type="checkbox"/> PCV & Plasma Protein</p> <p><input type="checkbox"/> Reticulocytes</p> <p><input type="checkbox"/> Fibrinogen</p> <p>COAGULATION (Citrated Blood)</p> <p><input type="checkbox"/> APTT</p> <p><input type="checkbox"/> PT</p> <p><input type="checkbox"/> Fibrinogen</p> <p>MISCELLANEOUS</p> <p><input type="checkbox"/> Crossmatching</p> <p><input type="checkbox"/> Others (Please Specify):</p>	<p>BIOCHEMISTRY</p> <p><input type="checkbox"/> Electrolytes (Na, K, Cl)</p> <p><input type="checkbox"/> Calcium</p> <p><input type="checkbox"/> Inorganic Phosphate</p> <p><input type="checkbox"/> Urea</p> <p><input type="checkbox"/> Creatinine</p> <p><input type="checkbox"/> Glucose</p> <p><input type="checkbox"/> Cholesterol</p> <p><input type="checkbox"/> Bilirubin, Total</p> <p><input type="checkbox"/> Bilirubin, Conjugated</p> <p><input type="checkbox"/> ALT</p> <p><input type="checkbox"/> AP (ALP)</p> <p><input type="checkbox"/> GGT</p> <p><input type="checkbox"/> Amylase</p> <p><input type="checkbox"/> AST</p> <p><input type="checkbox"/> CK (CPK), Total</p> <p><input type="checkbox"/> LDH</p> <p><input type="checkbox"/> Total Protein (Serum)</p> <p><input type="checkbox"/> Albumin</p> <p><input type="checkbox"/> Globulin</p> <p><input type="checkbox"/> A:G</p> <p><input type="checkbox"/> Triglyceride</p> <p><input type="checkbox"/> Uric Acid</p> <p><input type="checkbox"/> Lactate</p> <p><input type="checkbox"/> Lipase</p> <p><input type="checkbox"/> Others (Please Specify):</p>	<p>URINALYSIS</p> <p>Sample:</p> <p><input type="checkbox"/> Spontaneous Micturition</p> <p><input type="checkbox"/> Catheterisation</p> <p><input type="checkbox"/> Cystocentesis</p> <p><input type="checkbox"/> Manual Compression</p> <p><input type="checkbox"/> General Examination (Physical, Chemical, Microscopic)</p> <p><input type="checkbox"/> Specific Gravity (S.G.)</p> <p><input type="checkbox"/> Dipstick Test</p> <p><input type="checkbox"/> Bence Jones Protein</p> <p>CYTOLOGY</p> <p><input type="checkbox"/> FNA :</p> <p><input type="checkbox"/> Fluid :</p> <p><input type="checkbox"/> Impression Smear :</p> <p><input type="checkbox"/> Wash :</p> <p><input type="checkbox"/> CSF :</p> <p><input type="checkbox"/> Others (Please Specify):</p> <p>FAECAL EXAMINATION</p> <p><input type="checkbox"/> General Examination (Physical, Chemical, Microscopic)</p> <p><input type="checkbox"/> Occult Blood</p> <p><input type="checkbox"/> Trypsin</p> <p><input type="checkbox"/> Others (Please Specify):</p>
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PARASITOLOGY	PATHOLOGY
<p><input type="checkbox"/> Identification of Endo/Ectoparasites</p> <p><input type="checkbox"/> Faecal Examination</p> <p style="padding-left: 20px;"><input type="checkbox"/> Direct Smear (with/without staining)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Simple Floatation</p> <p style="padding-left: 20px;"><input type="checkbox"/> Sedimentation</p> <p style="padding-left: 20px;"><input type="checkbox"/> McMaster</p> <p style="padding-left: 20px;"><input type="checkbox"/> Larva Culture</p> <p><input type="checkbox"/> Blood Examination for Protozoa and/or Heartworm</p> <p><input type="checkbox"/> Examination/Identification/Enumeration of parasites</p> <p><input type="checkbox"/> Others (Please specify):</p>	<p><input type="checkbox"/> Post-mortem Examination</p> <p><input type="checkbox"/> Biopsy Examination</p> <p><input type="checkbox"/> Others (Please Specify):</p> <p style="text-align: center;">VIROLOGY</p> <p>PCR</p> <p><input type="checkbox"/> IBDV</p> <p><input type="checkbox"/> NDV</p> <p><input type="checkbox"/> CAV</p> <p><input type="checkbox"/> Avian Influenza Virus</p> <p><input type="checkbox"/> Others (Please Specify):</p> <p style="padding-left: 20px;"><input type="checkbox"/> Egg Inoculation</p> <p style="padding-left: 20px;"><input type="checkbox"/> Cell Culture</p> <p style="padding-left: 20px;"><input type="checkbox"/> Identification Test</p> <p style="padding-left: 20px;"><input type="checkbox"/> Serological Test</p>

BACTERIOLOGY			
<p><input type="checkbox"/> Isolation & Identification</p> <p><input type="checkbox"/> Serology</p> <p><input type="checkbox"/> Others (Please Specify):</p>	<p>Antibiotic Susceptibility Test:</p> <p><input type="checkbox"/> Amoxycillin</p> <p><input type="checkbox"/> Amox/Clav</p> <p><input type="checkbox"/> Ampicillin</p> <p><input type="checkbox"/> Cephalixin</p> <p><input type="checkbox"/> Chloramphenicol</p>	<p><input type="checkbox"/> Enrofloxacin</p> <p><input type="checkbox"/> Erythromycin</p> <p><input type="checkbox"/> Gentamycin</p> <p><input type="checkbox"/> Kanamycin</p> <p><input type="checkbox"/> Marbofloxacin</p>	<p><input type="checkbox"/> Neomycin</p> <p><input type="checkbox"/> Norfloxacin</p> <p><input type="checkbox"/> Orbifloxacin</p> <p><input type="checkbox"/> Penicillin G</p> <p><input type="checkbox"/> Polymixin B</p> <p><input type="checkbox"/> Streptomycin</p> <p><input type="checkbox"/> Sulfazole/Trime</p> <p><input type="checkbox"/> Tetracycline</p> <p><input type="checkbox"/> Triple Sulpha</p> <p><input type="checkbox"/> Others (Please Specify):</p>

LAB. USE ONLY					
	Y	N		Y	N
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: _____