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
LABORATORY USE ONLY			Date:	Time :

Patient/Specimen

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

LABORATORY SERVICE(S) REQUESTED	Haematology& Clinical Biochemistry	Parasitology	Bacteriology	Pathology	Biologic	Virology	Aquatic Animal Health

Specimen (type) : Collection Method (*if applicable*):	Date: Time:

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

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 : Signature (Clinician/Pathologist/Others)	Address (*if applicable*) : Student Name: Tel: Email:

Payment Method : ☐UVH ☐ LO/PO ☐EFT/Payment Gateway ☐Cash ☐ Research Vot:

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

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PLEASE MARK (√) THE TEST(S) REQUIRED

HAEMATOLOGY & CLINICAL BIOCHEMISTRY

HAEMATOLOGY
□ Complete Haemogram

Individual Tests
□ PCV & Plasma Protein
□ Reticulocytes
□ Fibrinogen

COAGULATION (Citrated Blood)
□ APTT
□ PT
□ Fibrinogen

MISCELLANEOUS
□ Crossmatching
□ Others (*Please Specify*):

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

URINALYSIS
Sample:
□ Spontaneous Micturition
□ Catheterisation
□ Cystocentesis
□ Manual Compression
□ General Examination (*Physical, Chemical, Microscopic*)
□ Specific Gravity (S.G.)
□ Dipstick Test
□ Bence Jones Protein

CYTOLOGY
□ FNA :
□ Fluid :
□ Impression Smear :
□ Wash :
□ CSF :
□ Others (*Please Specify*):

FAECAL EXAMINATION
□ General Examination(*Physical, Chemical, Microscopic*)
□ Occult Blood
□ Trypsin
□ Others (*Please Specify*):

PARASITOLOGY

□ Identification of Endo/Ectoparasites
□ Faecal Examination
□ Direct Smear (with/without staining)
□ Simple Floatation
□ Sedimentation
□ McMaster
□ Larva Culture
□ Blood Examination for Protozoa and/or Heartworm
□ Examination/Identification/Enumeration of parasites
□Others (*Please specify*):

PATHOLOGY

□ Post-mortem Examination
□ Biopsy Examination
□ Others (*Please Specify*):

VIROLOGY

PCR
□ IBDV
□ NDV
□ CAV
□ Avian Influenza Virus
□ Others (*Please Specify*):

□ Egg Inoculation
□ Cell Culture
□ Identification Test
□ Serological Test

BACTERIOLOGY

□ Isolation & Identification
□ Serology
□ Others (*Please Specify*):

Antibiotic Susceptibility Test:

□ Amoxycillin	□ Enrofloxacin	□ Neomycin	□ Streptomycin
□ Amox/Clauv	□ Erythromycin	□ Norfloxacin	□ Sulfazole/Trime
□ Ampicillin	□ Gentamycin	□ Orbifloxacin	□ Tetracycline
□ Cephalexin	□ Kanamycin	□ Penicillin G	□ Triple Sulpha
□ Chloramphenicol	□ Marbofloxacin	□ Polymixin B	□ Others (*Please Specify*):

LAB. USE ONLY

	Y N		Y N		Y N
Appropriate Specimen	□□	Appropriate Test Method	□□	Commencement of Work	□□
Competent Personnel	□□	Resources	□□		

Comment (if no):

Signature: