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

HAEMATOLOGY
- □ Complete Haemogram (WBC, RBC, HGB, PLT, Diff. Count, PCV, Plasma Protein, Icterus Index
- Individual Tests
- □ PCV & Plasma Protein
- □ Reticulocytes
- □ Fibrinogen

COAGULATION (Citrated 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
- □ 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
- □ LDL
- □ HDL
- □ 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
- □ Site/Tissue :
- □ FNA/Biopsy :
- □ 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: