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
□ Blood Smear Examination

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
□ 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

□ 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*):

POST MORTEM

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

HISTOPATHOLOGY

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

VIROLOGY

PCR
□ AIV
□ IBH
□ IBV
□ NDV
□ Others (*Please Specify*):

□ Egg Inoculation
□ Cell Culture
□ Identification Test
□ Serological Test
□ Avian Influenza Virus

BACTERIOLOGY

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

Antibiotic Susceptibility Test:

□ Amoxycillin	□ Enrofloxacin	□ Neomycin	□ Streptomycin
□ Amox/Clauv	□ Erythromycin	□ Norfloxacin	□ Sulfazole/Trime
□ Ampicillin	□ Gentamycin	□ Doxycycline	□ Tetracycline
□ Cephalexin	□ Kanamycin	□ Penicillin G	□ Cefovecin
□ Chloramphenicol	□ Ceftriaxone	□ 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:

Faculty of Veterinary Medicine, Universiti Putra Malaysia, 43400 UPM Serdang, Selangor, D.E.
Website: www.vet.upm.edu.my

Under Section 31, Animals Act 1953 (Revised-2006) (Act 647) VLSU is legally bound to report 23 notifiable diseases to the veterinary authority of Malaysia.