



FACULTY OF VETERINARY MEDICINE
VETERINARY LABORATORY SERVICES UNIT

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

SPECIMEN SUBMISSION & TEST REQUEST FORM

LABORATORY USE ONLY

Lab. Ref. No.

Received

Date:

Time:

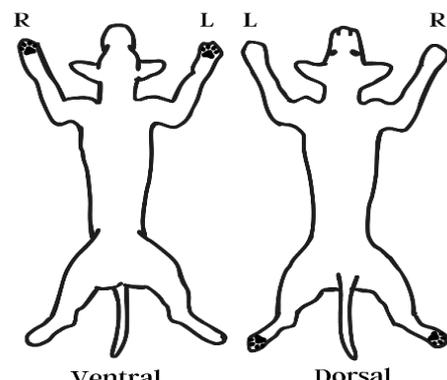
Patient/Specimen

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

LABORATORY SERVICE(S) REQUESTED	Clinical Pathology	Parasitology	Bacteriology	Histopathology	Virology	Post-Mortem

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

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

History:	Location of sample taken (for biopsy/cytology):
Clinical Findings:	
	Body Weight:

Tentative Diagnosis:

Clinician/Submitter

I, hereby agree and will be responsible to pay charges for the services rendered by UPM	Address (if applicable):
Name : IC No. : Tel. : Email :	Student Name: Tel.: Email:
Signature and Stamp (Clinician/Pathologist/Others)	

Payment Method: UVH Online Transfer Invoice/LO/PO Research Vot:

Please fill in PAGE 2 to request specific test(s)

Faculty of Veterinary Medicine, Universiti Putra Malaysia, 43400 UPM Serdang, Selangor, D.E.
Website: www.vet.upm.edu.my / vet.upm.edu.my/vlsu-3259

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.



**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

CLINICAL PATHOLOGY	PARASITOLOGY	BACTERIOLOGY	
<p>HAEMATOLOGY</p> <input type="checkbox"/> Complete Haemogram (WBC, RBC, HGB, PLT, Diff. Count, PCV, Plasma Protein, Icterus Index, Reticulocytes) <p>Individual Tests:</p> <input type="checkbox"/> PCV & Plasma Protein <input type="checkbox"/> Reticulocytes <input type="checkbox"/> Fibrinogen <input type="checkbox"/> Blood Smear Examination <p>COAGULATION (Citrated Blood)</p> <input type="checkbox"/> APTT <input type="checkbox"/> PT <p>MISCELLANEOUS</p> <input type="checkbox"/> Crossmatching <input type="checkbox"/> Others (<i>please specify</i>): <p>URINALYSIS</p> <input type="checkbox"/> General Examination (Physical, Chemical, Microscopic) <input type="checkbox"/> Bence Jones Protein <input type="checkbox"/> UPUC <p>Method of Collection:</p> <input type="checkbox"/> Spontaneous Micturition <input type="checkbox"/> Catheterisation <input type="checkbox"/> Cystocentesis <input type="checkbox"/> Manual Compression <p>CYTOLOGY</p> Specimen details; <input type="checkbox"/> Site/Tissue: <input type="checkbox"/> FNA: <input type="checkbox"/> Fluid: <input type="checkbox"/> Impression Smear: <input type="checkbox"/> Wash: <input type="checkbox"/> CSF: <input type="checkbox"/> Others (<i>please specify</i>):	<p>BIOCHEMISTRY PANEL</p> <input type="checkbox"/> Large Animal Biochemistry Panel <input type="checkbox"/> Large Animal Liver Panel <input type="checkbox"/> Large Animal Renal Panel <input type="checkbox"/> Small Animal Biochemistry Panel <input type="checkbox"/> Small Animal Liver Panel <input type="checkbox"/> Small Animal Renal Panel <input type="checkbox"/> Total Protein Panel <input type="checkbox"/> Lipid Profile <p>BIOCHEMISTRY (INDIVIDUAL TEST)</p> <input type="checkbox"/> Electrolytes (Na, K, Cl) <input type="checkbox"/> Calcium <input type="checkbox"/> Phosphate <input type="checkbox"/> Urea <input type="checkbox"/> Creatinine <input type="checkbox"/> Glucose <input type="checkbox"/> Cholesterol <input type="checkbox"/> Bilirubin, Total <input type="checkbox"/> Bilirubin, Conjugated <input type="checkbox"/> ALT <input type="checkbox"/> ALP <input type="checkbox"/> GGT <input type="checkbox"/> Amylase <input type="checkbox"/> AST <input type="checkbox"/> CK <input type="checkbox"/> LDH <input type="checkbox"/> Total Protein (Serum) <input type="checkbox"/> Albumin <input type="checkbox"/> Globulin <input type="checkbox"/> A:G <input type="checkbox"/> Triglyceride <input type="checkbox"/> Uric Acid <input type="checkbox"/> Lactate <input type="checkbox"/> Lipase <input type="checkbox"/> LDL <input type="checkbox"/> HDL <input type="checkbox"/> Others (<i>please specify</i>):	<p>FAECAL EXAMINATION</p> <input type="checkbox"/> Gastrointestinal Parasites Diagnostic Panel (Direct Wet Mount/Stained Faecal Smear, Salt Floatation*, McMaster*, Sedimentation*) <p>Individual Test Technique:</p> <input type="checkbox"/> Direct Wet Mount <input type="checkbox"/> Faecal Smear & Staining <input type="checkbox"/> Salt Floatation <input type="checkbox"/> Modified McMaster <input type="checkbox"/> Sedimentation <input type="checkbox"/> Faecal Culture (Larva Culture) <p>BLOOD EXAMINATION</p> <input type="checkbox"/> Haemoparasites Diagnostic Panel (Direct Wet Mount, Stained Thin Blood Film, KCT*/HCT*) <p>Individual Diagnostic Technique:</p> <input type="checkbox"/> Direct Wet Mount <input type="checkbox"/> Haematocrit Conc. Techn. (HCT) <input type="checkbox"/> Stained Thin Blood Film <input type="checkbox"/> Knott's Conc. Techn. (KCT) <p>IDENTIFICATION OF ENDO/ECTOPARASITES</p> <input type="checkbox"/> Morphological Identification (Microscopy) <p>INTESTINE/ORGAN</p> <input type="checkbox"/> Direct Examination <input type="checkbox"/> Squash Smear <input type="checkbox"/> Impression Smear & Staining <input type="checkbox"/> Scraping + Simple Floatation <input type="checkbox"/> Scraping + Staining <input type="checkbox"/> Total Worm Count (TWC) <p>MOLECULAR DETECTION</p> <input type="checkbox"/> Molecular Detection (PCR) <input type="checkbox"/> Molecular Identification (PCR + Sequence Interpretation) <p align="center"><i>*Depending on the host species</i></p>	<p>ISOLATION & IDENTIFICATION</p> <input type="checkbox"/> Bacteria <input type="checkbox"/> Fungal <input type="checkbox"/> Salmonella <p>SEROLOGY</p> <input type="checkbox"/> MAT <input type="checkbox"/> RBPT <p>MOLECULAR DETECTION (PCR)</p> <input type="checkbox"/> Leptospirosis <input type="checkbox"/> <i>Mycoplasma Gallisepticum</i> <input type="checkbox"/> <i>Mycoplasma Synoviae</i> <p>PLATE COUNT</p> <input type="checkbox"/> CFC <input type="checkbox"/> SPC <p><input type="checkbox"/> Others (<i>please specify</i>):</p> <p>ANTIBIOTIC SUSCEPTIBILITY TEST</p> <input type="checkbox"/> Amoxicillin <input type="checkbox"/> Amox/Clav <input type="checkbox"/> Ampicillin <input type="checkbox"/> Azithromycin <input type="checkbox"/> Cephalixin <input type="checkbox"/> Chloramphenicol <input type="checkbox"/> Ceftriaxone <input type="checkbox"/> Cefovecin <input type="checkbox"/> Cefixime <input type="checkbox"/> Cefuroxime <input type="checkbox"/> Ceftazidime <input type="checkbox"/> Clindamycin <input type="checkbox"/> Doxycycline <input type="checkbox"/> Enrofloxacin <input type="checkbox"/> Erythromycin <input type="checkbox"/> Florfenicol <input type="checkbox"/> Fusidic Acid <input type="checkbox"/> Gentamicin <input type="checkbox"/> Marbofloxacin <input type="checkbox"/> Mupirocin <input type="checkbox"/> Neomycin <input type="checkbox"/> Norfloxacin <input type="checkbox"/> Nitrofurantoin <input type="checkbox"/> Penicillin G <input type="checkbox"/> Polymixin B <input type="checkbox"/> Rifampicin <input type="checkbox"/> Streptomycin <input type="checkbox"/> Sulfazole/Trime <input type="checkbox"/> Tetracycline <input type="checkbox"/> Tobramycin

POST-MORTEM	VIROLOGY	
<p><input type="checkbox"/> POST-MORTEM EXAMINATION</p> <input type="checkbox"/> Others (<i>please specify</i>):	<p>MOLECULAR TEST:</p> <p>AVIAN</p> <input type="checkbox"/> AIV <input type="checkbox"/> FAdV <input type="checkbox"/> IBV <input type="checkbox"/> IBDV <input type="checkbox"/> NDV <p>CANINE</p> <input type="checkbox"/> CPV <input type="checkbox"/> SARS-CoV-2* <p>FELINE</p> <input type="checkbox"/> FCoV <input type="checkbox"/> FPV <input type="checkbox"/> FeLV <input type="checkbox"/> SARS-CoV-2* <p align="center"><i>*by appointment ONLY</i></p>	<p>EQUINE</p> <input type="checkbox"/> AHSV <input type="checkbox"/> EIV <input type="checkbox"/> EHV <p>ALL SPECIES (General Virus Family)</p> <input type="checkbox"/> Adeno <input type="checkbox"/> Corono <input type="checkbox"/> Herpes <input type="checkbox"/> Paramyxo <input type="checkbox"/> Parapox <input type="checkbox"/> Retro <p><input type="checkbox"/> SEQUENCING</p> <p><input type="checkbox"/> PHYLOGENETIC ANALYSIS</p> <p><input type="checkbox"/> BIRD SEXING</p>
<p>HISTOPATHOLOGY</p> <input type="checkbox"/> TISSUE PROCESSING & STAINING <input type="checkbox"/> BIOPSY EXAMINATION <input type="checkbox"/> Others (<i>please specify</i>):	<p>SEROLOGY TEST:</p> <p>HI: <input type="checkbox"/> NDV <input type="checkbox"/> AIV</p> <input type="checkbox"/> ELISA (<i>please specify</i>): <p>INDIRECT TEST</p> <input type="checkbox"/> Cell Culture/Tissue Culture <input type="checkbox"/> Egg Inoculation <p><input type="checkbox"/> Others (<i>please specify</i>):</p>	

LAB. USE ONLY					
Appropriate Specimen	Y <input type="checkbox"/> N <input type="checkbox"/>	Appropriate Test Method	Y <input type="checkbox"/> N <input type="checkbox"/>	Competent Personnel	Y <input type="checkbox"/> N <input type="checkbox"/>
				Resources	Y <input type="checkbox"/> N <input type="checkbox"/>
					Commencement of Work
					Y <input type="checkbox"/> N <input type="checkbox"/>
Comment (if no):			Signature:		

Faculty of Veterinary Medicine, Universiti Putra Malaysia, 43400 UPM Serdang, Selangor, D.E.

Website: www.vet.upm.edu.my / vet.upm.edu.my/vlsu-3259

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.