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):

Collection Method (*if applicable*):

STAT:
☐ YES
☐ NO

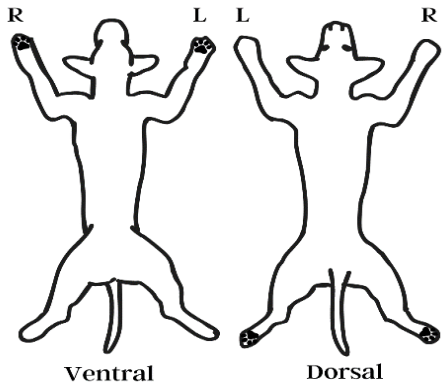
Sample Collection
Date:
Time:

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

History:

Clinical Findings:

Location of sample taken (for biopsy/cytology):



Body Weight:

Body Condition Score (BCS):

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 and Stamp
(Clinician/Pathologist/Others)

Address:

Student Name:
Tel.:
Email:

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

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

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.

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PATIENT/SPECIMEN		LABORATORY USE ONLY		
Case No.	**Patient ID**	**Lab. Ref. No.**	**Date**	**Time**

PLEASE MARK (√) THE TEST(S) REQUIRED

CLINICAL PATHOLOGY

HAEMATOLOGY
□ Complete Haemogram (WBC, RBC, HGB, PLT, Diff. Count, PCV, Plasma Protein, Icterus Index, *Reticulocytes)

**Only applicable for Feline, Canine and Laprine. Testing for other species may be available upon request*

Individual Tests:
□ PCV & Plasma Protein
□ Reticulocytes
□ Fibrinogen
□ Blood Smear Examination

COAGULATION (Citrated Blood)
□ APTT
□ PT

MISCELLANEOUS
□ Crossmatching
□ Others (*please specify*):

URINALYSIS
□ General Examination (Physical, Chemical, Microscopic)
□ Bence Jones Protein
□ UPUC

Method of Collection:
□ Spontaneous Micturition
□ Catheterisation
□ Cystocentesis
□ Manual Compression

CYTOLOGY
Specimen details;
□ Site/Tissue:
□ FNA:
□ Fluid:
□ Impression Smear:
□ Wash:
□ CSF:
□ 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 Tests):
□ 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*):

PARASITOLOGY

FAECAL EXAMINATION
□ Gastrointestinal Parasites Diagnostic Panel (Direct Wet Mount/Stained Faecal Smear, Salt Floatation*, McMaster*, Sedimentation*)

Individual Diagnostic Technique:
□ Direct Wet Mount
□ Faecal Smear & Staining
□ Salt Floatation
□ Modified McMaster
□ Sedimentation
□ Faecal Culture (Larva Culture)

BLOOD EXAMINATION
□ Haemoparasites Diagnostic Panel (Direct Wet Mount, Stained Thin Blood Film, KCT*/HCT*)

Individual Diagnostic Technique:
□ Direct Wet Mount
□ Haematocrit Conc. Techn. (HCT)
□ Stained Thin Blood Film
□ Knott's Conc. Techn. (KCT)

IDENTIFICATION OF ENDO/ECTOPARASITES
□ Morphological Identification (Microscopy)

INTESTINE/ORGAN
□ Direct Examination
□ Squash Smear
□ Impression Smear & Staining
□ Scraping + Simple Floatation
□ Scraping + Staining
□ Total Worm Count (TWC)

MOLECULAR DETECTION
□ Molecular Detection (PCR)
□ Molecular Identification (PCR + Sequence Interpretation)

**Depending on the host species*

BACTERIOLOGY

ISOLATION & IDENTIFICATION
□ Bacteria □ Fungal □ Salmonella

SEROLOGY
□ MAT □ RBPT

MOLECULAR DETECTION (PCR)
□ Leptospirosis
□ *Mycoplasma Gallisepticum*
□ *Mycoplasma Synoviae*

PLATE COUNT
□ CFC □ SPC

□ **Others (*please specify*):**

ANTIBIOTIC SUSCEPTIBILITY TEST
□ Amoxicillin
□ Amox/Clauv
□ Ampicillin
□ Azithromycin
□ Cephalexin
□ Chloramphenicol
□ Ceftriaxone
□ Cefovecin
□ Cefixime
□ Cefuroxime
□ Ceftazidime
□ Clindamycin
□ Doxycycline
□ Enrofloxacin
□ Erythromycin
□ Florfenicol
□ Fusidic Acid
□ Gentamicin
□ Marbofloxacin
□ Mupirocin
□ Neomycin
□ Norfloxacin
□ Nitrofurantoin
□ Penicillin G
□ Polymixin B
□ Rifampicin
□ Streptomycin
□ Sulfazole/Trime
□ Tetracycline
□ Tobramycin

POST-MORTEM

□ **POST-MORTEM EXAMINATION**
□ **Others (*please specify*):**

HISTOPATHOLOGY

□ **TISSUE PROCESSING & STAINING**
□ **BIOPSY EXAMINATION**
□ **Others (*please specify*):**

VIROLOGY

MOLECULAR TEST:

AVIAN
□ AIV □ FAdV □ IBV
□ IBDV □ NDV

CANINE
□ CPV □ SARS-CoV-2*

FELINE
□ FCoV □ FPV
□ FeLV □ SARS-CoV-2*

**By appointment only*

EQUINE
□ AHSV □ EIV □ EHV

ALL SPECIES (General Virus Family)
□ Adeno □ Corona □ Herpes
□ Paramyxo □ Parapox □ Retro

□ **SEQUENCING**
□ **PHYLOGENETIC ANALYSIS**
□ **BIRD SEXING**

SEROLOGY TEST:
HI: □ NDV □ AIV
□ ELISA (*please specify*):

INDIRECT TEST
□ Cell Culture/Tissue Culture
□ Egg Inoculation

□ **Others (*please specify*):**

LABORATORY USE ONLY

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

Comment (if no):

Signature: