OPERASI PERKHIDMATAN SOKONGAN

FAKULTI PERUBATAN VETERINAR
(UNIT PERKHIDMATAN MAKMAL VETERINAR)
Kod Dokumen: OPR/FPV/BR085/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

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*):

BIOLOGIC/HICoE IBS

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

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*):

VIROLOGY

□Egg Inoculation
□Cell Culture
□Identification Test
□Serological Test
□Others (*Please Specify*):

AQUATIC ANIMAL HEALTH

□Irido Virus Detection
□KHV Virus Detection
□ Aquatic Fungus
□ White Spot
□ IHHNV
□HPV

LAB. USE ONLY

	Y	N
Appropriate Sample	☐	☐
Competent Personnel	☐	☐

	Y	N
Appropriate Test Method	☐	☐
Resources	☐	☐

	Y	N
Commencement of Work	☐	☐

(If No, pls fill in OPR/FPV/BR086/ROC)
Signature: