

Lab Number:

Date Received:

Charge:

LABORATORY REQUEST FORM

Print a copy and email to: info@acelabservices.com.au
 or Fax: 03 5443 9669

Sender:

Phone: Fax:

Email:

Owner:

Address:

Phone: Mobile:

Patient ID:

Species: Breed:

Age: Sex:

Collection Date:

Samples Submitted:

1.
2.
3.
4.
5.

Submitted by:

History/Clinical/ Additional tests required:

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Provisional Diagnosis:

Tests Required (please tick):

Haematology/Biochemistry

- Body Function - Complete
- Body Function - Basic
- Racing Profile
- Pre-Anaesthetic check
- Geriatric Cat
- Complete Greyhound
- Greyhound Racing Profile
- Haemogram
- Erythrogram
- Leukogram
- Electrolytes (Ca, Mg, PO4)
- Electrolytes (Na, K, Cl)
- Pepsinogen
- Copper
- GPX
- Other

Endocrinology

- Progesterone
- Cortisol
- Total T4
- Free T4
- Other

Serology

- Ross River Virus
- JD Elisa
- FIV
- FIV/ FeLV
- Heartworm Elisa

PM/Histopathology

- Histopathology
- Cytology
- Body Fluid Analysis

Urinalysis

- Urinalysis
- Urinalysis and Culture

Bacteriology

- Culture & Sensitivity (C&S)
- Aerobic/Anaerobic C&S
- Faecal Culture
- Dermatophyte
- Chlamydia
- Other

Parasitology

- FEC
- Fluke
- Coccidia
- Cryptosporidia
- Heartworm (Knotts)
- Other