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Lab Number:	
Date Received:	
Charge:	

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Pig Laboratory Request Form	Tests Required (please tick):	
	Biochemistry/ Haematology	
Submitter:	☐ Haemogram ☐ Electrolytes (Ca, Mg, PO4)	
Address:	Other	
Phone:	Serology M. hyopneumoniae APP (O APX IV O Screen O 5a5b O 4-7) Ileitis	
Email:		
Farm:	Microbiology C&S aerobic C&S aerobic/anaerobic	
Address:PIC:	Brachyspira Yersinia Scour Package Fungal	
Species: Breed:	PM/Histopathology	
Collection date:	Histopathology Cytology Body Fluid Analysis	
Results to be forwarded to (please include name/email):	Parasitology □ Faecal Egg Count □ Coccidia □ Cryptosporidium	
	PCR □ APP □ E. coli Toxins	
Account to: Submitter / Farm (tick choice.)	☐ Enteric ☐ E. rhusiopathiae ☐ H. parasuis	
Number of samples submitted:	 Mycoplasma spp. M. hyopneumoniae hyorhinus hyosynoviae P. multocida PCV2 	
Samples submitted by (Sign):		

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Sample No.IdentificationAgeSample TypeTests RequiredImage: Sample TypeImage: Sample Type<t

History:

We respect your privacy, please read our terms and conditions at www.acelabs.com.au/privacy