



Animal Health Trust

Diagnostic Laboratory Services

Lanwades Park, Kentford, Newmarket, Suffolk CB8 7UU

Tel: 01638 552993 Fax: 01638 555643 E-mail: diagnostics@aht.org.uk



Pathology

PLEASE COMPLETE IN **BLOCK CAPITALS**

(MICROBIOLOGY ON REVERSE SIDE)

Veterinary Surgeon _____
 Veterinary Practice _____
 Address _____

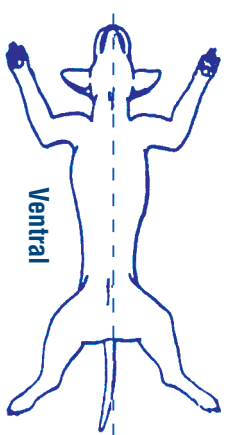
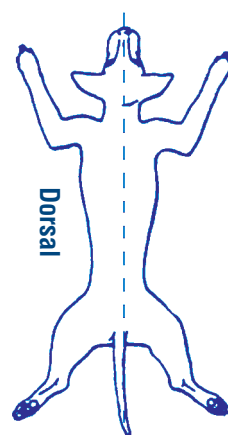
 Tel No. _____
 Fax No. _____
 Email. _____
 Results FAX POST EMAIL

Animal Name _____
 Owner Name _____
 Male Castrate Female Spayed
 Canine Feline Equine
 Age _____ Breed _____
 Date Sampled _____
 Previous sample from this animal Yes No
 Lab. Number _____

Sample types submitted

EDTA
 Slides no. _____
 Lithium Heparin
 Serum/Clotted Blood
 Oxalate
 Sodium Citrate (fill to line)
 Urine
 Tissue (fixed)
 Aspirate (fixed/plain)

History/Clinical Signs:
 (attach any additional information)

<p>PROFILES (haematology and biochemistry)</p> <p><input type="checkbox"/> Routine <input type="checkbox"/> Comprehensive <input type="checkbox"/> Liver</p> <p>HAEMATOLOGY</p> <p><input type="checkbox"/> Routine/Complete <input type="checkbox"/> Basic (no diff) <input type="checkbox"/> Anaemia Profile <input type="checkbox"/> Coombs</p> <p>COAGULATION</p> <p><input type="checkbox"/> Full Clotting Profile (PT, APTT, TCT, basic haem) <input type="checkbox"/> Clotting Screen (PT, APTT) <input type="checkbox"/> vWF <input type="checkbox"/> Factor VIII <input type="checkbox"/> Antithrombin III</p> <p>ENDOCRINOLOGY</p> <p><input type="checkbox"/> T4 <input type="checkbox"/> TSH <input type="checkbox"/> Free T4 by ED <input type="checkbox"/> Cortisol <input type="checkbox"/> ACTH Stimulation <input type="checkbox"/> Insulin</p> <p>URINE</p> <p><input type="checkbox"/> Culture/Sensitivity <input type="checkbox"/> Routine Analysis <input type="checkbox"/> Sediment Only <input type="checkbox"/> Protein/Creatinine Ratio <input type="checkbox"/> Cortisol/Creatinine Ratio</p>	<p>BIOCHEMISTRY (not including haematology)</p> <p><input type="checkbox"/> Routine <input type="checkbox"/> Comprehensive <input type="checkbox"/> Liver <input type="checkbox"/> Renal <input type="checkbox"/> Neurology Referral <input type="checkbox"/> Equine Weight Loss <input type="checkbox"/> Equine Muscle <input type="checkbox"/> Total Protein <input type="checkbox"/> Albumin <input type="checkbox"/> Protein Electrophoresis <input type="checkbox"/> Urea <input type="checkbox"/> Creatinine <input type="checkbox"/> AP <input type="checkbox"/> ALT <input type="checkbox"/> AST <input type="checkbox"/> CK <input type="checkbox"/> GGT <input type="checkbox"/> Total Bilirubin <input type="checkbox"/> Bile Acids <input type="checkbox"/> Bile Acids (pre & post) <input type="checkbox"/> Cholesterol <input type="checkbox"/> Triglycerides <input type="checkbox"/> Glucose (oxalate) <input type="checkbox"/> Amylase <input type="checkbox"/> Lipase <input type="checkbox"/> TLI</p>	<p><input type="checkbox"/> B12/Folate <input type="checkbox"/> IAP <input type="checkbox"/> Sodium <input type="checkbox"/> Potassium <input type="checkbox"/> Chloride <input type="checkbox"/> Calcium <input type="checkbox"/> Phosphate <input type="checkbox"/> Creatinine Clearance <input type="checkbox"/> Phenobarbitone <input type="checkbox"/> Potassium Bromide</p> <p>CYTOLOGY</p> <p><input type="checkbox"/> Fine-Needle Aspirate* <input type="checkbox"/> Bone Marrow <input type="checkbox"/> CSF <input type="checkbox"/> TW <input type="checkbox"/> BAL <input type="checkbox"/> *Fluid <input type="checkbox"/> Fluid Cell Counts and Protein <input type="checkbox"/> Culture and Sensitivity <input type="checkbox"/> Aerobic <input type="checkbox"/> Anaerobic</p> <p>*HISTOLOGY</p> <p><input type="checkbox"/> Biopsy <input type="checkbox"/> PM Tissue <input type="checkbox"/> Skin Biopsy <input type="checkbox"/> Large Specimen for Dissection</p>	<p>Distribution of Lesions/Sampled Sites (Number if greater than one sample)</p> <div style="display: flex; justify-content: space-around;">   </div>
			<p>Other Tests/Information/*Tissue or Aspirate Sites</p>
			<p>Post Mortem Requirements</p>

Please tick box if samples **CANNOT** be used for anonymous surveillance

FOR LAB USE:		Office:	
Received by:	Split:		Computer
	Bact	Histo	Posted/Faxed
	Clin Path	Viro	1.
	Cyto	Research	2.