

Animal Health Trust

Diagnostic Laboratory Services

Lanwades Park, Kentford, Newmarket, Suffolk CB8 7UU
Tel: 01638 552993 Fax: 01638 555393 E-mail: diagnostics@aht.org.uk



Equine Respiratory Samples

PLEASE COMPLETE IN **BLOCK CAPITALS** USING BLACK OR BLUE PEN

Veterinary Surgeon _____
Veterinary Practice _____
Address _____

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

Animal Name _____
Owner/Trainer Name _____
Male Gelding Female
Age _____ Breed _____
Date sampled _____
Previous sample from this animal Yes No
Lab. Number _____

Sampling method:
 Endoscope
 Tube
 Percutaneous
Sample tubes submitted
 Plain (sterile)
 Fixed

Not in training In training Level of exercise at present:
 Pre-exercise sample Post-exercise sample
 Kept outdoors Outdoors and indoors Indoors only Bedding material:

Sample Type: Bronchoalveolar Lavage Guttural Pouch Wash
 Tracheal wash Left Right Both Left Right Both

Tests Required:
 Culture and Sensitivity Cytology screen with veterinary interpretation
aerobic culture only unless requested otherwise

Clinical Data:

	None	Slight	Moderate	Profuse
Nasal Discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	unilateral / bilateral		character: serous/mucopurulent	
Mucopus in Trachea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood in Trachea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cough:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Duration	

Other comments: (eg. pyrexia, tachy/dyspnoea, adventitious lung sounds, epistaxis, upper airway abnormalities etc)

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

FOR LAB USE:	Time Received:
Opened by:	Split by:
Tests Assigned by:	Histo
Entered by:	Bact
	Clin Path
	Cyto
	Research