

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



Microbiology (Pathology on reverse side)

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

Veterinary Surgeon _____ Veterinary Practice _____ Address _____ _____ _____ Tel No. _____ Primary Email _____ Copy report to _____	Animal Name _____ Owner Name _____ Species Equine <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other <input type="checkbox"/> Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Status Entire <input type="checkbox"/> Neutered <input type="checkbox"/> Age _____ Breed _____ Date Sampled _____ Failure to tell us of a previous sample may delay results Previous sample from this animal <input type="checkbox"/> Yes <input type="checkbox"/> No Previous AHT Number _____	Please indicate sample types submitted (✓) <input type="checkbox"/> Clotted Blood /Serum <input type="checkbox"/> EDTA <input type="checkbox"/> Guttural Pouch Wash <input type="checkbox"/> Heparin <input type="checkbox"/> BAL/Tracheal Wash <input type="checkbox"/> Urine <input type="checkbox"/> Semen <input type="checkbox"/> Faeces <input type="checkbox"/> Tissue: Fixed/Fresh* <input type="checkbox"/> CSF <input type="checkbox"/> Other* <input type="checkbox"/> Swab* *State Site _____								
RECENT VACCINATION HISTORY Influenza / Herpes / EVA / Strangles <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:70%;">Vaccine</th> <th style="width:30%;">Date</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> Pre / Post Vaccination Sample <input type="checkbox"/> Yes <input type="checkbox"/> No	Vaccine	Date							CLINICAL SIGNS/HISTORY No. affected _____ No. in contact _____ Type of Premises _____ Premises Postcode _____ Date of Onset _____	REASON FOR SAMPLING <input type="checkbox"/> Import/Export <input type="checkbox"/> Clinically Ill <input type="checkbox"/> In Contact <input type="checkbox"/> General Screen <input type="checkbox"/> Pre/Post Movement <input type="checkbox"/> Pre Purchase <input type="checkbox"/> Breeding Other _____
Vaccine	Date									

Further Tests / Special Instructions / Clinical Details / Any Other Information:

Have you spoken to a member of the AHT staff about this case? Yes No Name if Known _____

BACTERIOLOGY	PROFILES <input type="checkbox"/> CEM with Certification <small>incl Klebsiella & Pseudomonas</small> <input type="checkbox"/> Ears/Eyes/Genital <input type="checkbox"/> Faeces <input type="checkbox"/> Respiratory <input type="checkbox"/> Skin/Hair <input type="checkbox"/> Strangles <small>Culture & qPCR</small>	CULTURE <input type="checkbox"/> Aerobic <input type="checkbox"/> Anaerobic <input type="checkbox"/> Blood/Joint Fluid <input type="checkbox"/> Dermatophyte <input type="checkbox"/> Fungal <input type="checkbox"/> Strangles <small>Culture Only</small>	FAECES Single Pathogen Culture: <input type="checkbox"/> Campylobacter <input type="checkbox"/> Salmonella <input type="checkbox"/> Yersinia <input type="checkbox"/> Cryptosporidium & Giardia <input type="checkbox"/> Enteropathogenic E coli <input type="checkbox"/> Lungworm Larvae <input type="checkbox"/> Urine <input type="checkbox"/> Yeast Antibiotics <input type="checkbox"/> Y <input type="checkbox"/> N FAECES <input type="checkbox"/> Faecal Culture <small>Campylobacter, Salmonella & Yersinia</small>	<input type="checkbox"/> Occult Blood <input type="checkbox"/> Parvovirus <input type="checkbox"/> Rotavirus <input type="checkbox"/> Worm Egg Count OTHER TESTS <input type="checkbox"/> Microscopy
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SEROLOGY	<input type="checkbox"/> Equine Respiratory Screen <small>incl Adeno, EHV-1 & 4, ERV-A & B, Flu and Strangles</small> <input type="checkbox"/> Ehrlichia <small>Rickettsia</small> <input type="checkbox"/> EHV-1 & -4 <input type="checkbox"/> EHV-3 <small>Coital Exanthema</small> <input type="checkbox"/> EIA by Coggins <input type="checkbox"/> EIA by ELISA	<input type="checkbox"/> ERV A & B <input type="checkbox"/> EVA <input type="checkbox"/> Feline Coronavirus <input type="checkbox"/> FeLV/FIV <input type="checkbox"/> Influenza and Adenovirus <input type="checkbox"/> Lawsonia intracellularis <input type="checkbox"/> Lymes Disease <small>Borrelia burgdorferi</small>	<input type="checkbox"/> Neospora <input type="checkbox"/> Piroplasmosis cELISA <small>Babesia caballi & Theileria equi</small> <input type="checkbox"/> Rhodococcus equi ELISA <input type="checkbox"/> Strangles ELISA <input type="checkbox"/> Tapeworm ELISA <input type="checkbox"/> Toxoplasma IgG and IgM	VIROLOGY <input type="checkbox"/> EHV Clearance <small>Fresh tissue (qPCR) / Fixed tissue (Histology)</small> <input type="checkbox"/> EVA Clearance <small>Fresh tissue (qPCR) / Fixed tissue (Histology)</small> <input type="checkbox"/> Isolation in Cells
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PCR	<input type="checkbox"/> Equine Respiratory Panel <small>EHV-1 & -4, Flu, S.equi & S.zoo</small> <input type="checkbox"/> Canine Respiratory Panel <small>Bordetella, CAV, CRCV, Flu, PIV & S.zoo</small> <input type="checkbox"/> Parasite Panel <small>Bartonella, Borrelia, Ehrlichia</small> <input type="checkbox"/> Bordetella bronchiseptica	<input type="checkbox"/> Canine Adenovirus <small>CAV-1 & CAV-2</small> <input type="checkbox"/> Canine Distemper <small>CDV</small> <input type="checkbox"/> Canine Para-Influenza <small>PIV</small> <input type="checkbox"/> Canine Parvovirus <small>CPV</small>	<input type="checkbox"/> Canine Resp Coronavirus <small>CRCV</small> <input type="checkbox"/> Chlamydia <input type="checkbox"/> EHV-1 & -4 <input type="checkbox"/> EHV-2 & -5 <input type="checkbox"/> EVA <input type="checkbox"/> Feline Calicivirus	<input type="checkbox"/> Feline Herpesvirus <small>FHV</small> <input type="checkbox"/> Feline Panleukopenia Virus <small>FPV</small> <input type="checkbox"/> Influenza <input type="checkbox"/> Klebsiella Capsule Type <input type="checkbox"/> Mycobacteria <input type="checkbox"/> Mycoplasma cynos/canis	<input type="checkbox"/> Mycoplasma felis <input type="checkbox"/> Rhodococcus equi <input type="checkbox"/> Strangles <small>S.equi</small> <input type="checkbox"/> Strangles Vaccine Strain <input type="checkbox"/> Strep. zooepidemicus
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Please tick box if samples **CANNOT** be used for anonymous surveillance or research

FOR LAB USE ONLY										
Opened by: _____				Entered By: _____						
Time Received: _____				Split by: _____						
Test Assigned by: _____				Bact	Clin Path	Cyto	Histo	Serol	Virol	Research