

# 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 (Microbiology on reverse side)

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

Veterinary Surgeon _____ Veterinary Practice _____ Address _____ _____ Tel No. _____ Email _____ Copy report to _____	Animal Name _____ Owner Name _____ <b>Species</b> Equine <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other <input type="checkbox"/> <b>Gender</b> Male <input type="checkbox"/> Female <input type="checkbox"/> <b>Status</b> Entire <input type="checkbox"/> Neutered <input type="checkbox"/> Age _____ Breed _____ Date Sampled _____ Previous sample from this animal Yes <input type="checkbox"/> No <input type="checkbox"/> Previous AHT Number _____	<b>Sample types submitted</b> <input type="checkbox"/> Clotted blood/serum <input type="checkbox"/> EDTA <input type="checkbox"/> Lithium heparin <input type="checkbox"/> Oxalate <input type="checkbox"/> Sodium Citrate (fill to line) <input type="checkbox"/> Urine <input type="checkbox"/> Aspirate (fixed/plain) <input type="checkbox"/> Tissue (fixed) <input type="checkbox"/> Slides no. _____
---	---	---

<b>CLINICAL PATHOLOGY</b>	<b>PROFILES</b> haematology and biochemistry <input type="checkbox"/> Routine <input type="checkbox"/> Comprehensive  <b>HAEMATOLOGY</b> <input type="checkbox"/> Routine/Complete <input type="checkbox"/> Basic no diff <input type="checkbox"/> Anaemia Profile <input type="checkbox"/> Coombs  <b>COAGULATION</b> <input type="checkbox"/> Full Clotting Profile <small>PT, APTT, TCT, basic haem</small> <input type="checkbox"/> Clotting Screen PT, APTT <input type="checkbox"/> vWF <input type="checkbox"/> Factor VIII <input type="checkbox"/> Factor IX <input type="checkbox"/> Antithrombin III <input type="checkbox"/> D-Dimer  <b>ENDOCRINOLOGY</b> <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 <input type="checkbox"/> PMSG 45-100 days <input type="checkbox"/> Oestrogen Sulphate <small>Pregnancy &gt;100 days</small> <input type="checkbox"/> Oestrogen Sulphate Rig.  <b>URINE</b> <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  <b>BIOCHEMISTRY</b> <small>(not including haematology)</small> <input type="checkbox"/> Routine <input type="checkbox"/> Comprehensive <input type="checkbox"/> Liver <input type="checkbox"/> Renal <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"/> Bile Acids pre & post	<input type="checkbox"/> Cholesterol <input type="checkbox"/> Triglycerides <input type="checkbox"/> TLI <input type="checkbox"/> B12/Folate <input type="checkbox"/> Creatinine Clearance <input type="checkbox"/> Phenobarbitone <input type="checkbox"/> Potassium Bromide  <b>CYTOTOLOGY</b> <input type="checkbox"/> Fine-Needle Aspirate <input type="checkbox"/> Bone Marrow <input type="checkbox"/> CSF <input type="checkbox"/> Tracheal Wash <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  <b>HISTOLOGY</b> <input type="checkbox"/> Routine Histology <input type="checkbox"/> Dermatological Skin Biopsy <input type="checkbox"/> PM Tissues <input type="checkbox"/> EHV Clearance	<b>Distribution of Lesions/Sampled Sites</b> (Number if greater than one sample)  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">                   Ventral             </div> <div style="text-align: center;">                   Dorsal             </div> </div>
---------------------------	---	---	---	--

Additional Tests / History / Clinical Signs / Special Instructions:

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

Please tick box if samples **CANNOT** be used for anonymous surveillance or research     Please tick box if comment to clin path profile/test is required (history must be provided)

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