



THE UNIVERSITY OF
SYDNEY

PATHOLOGY SERVICES

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CLINICAL PATHOLOGY REQUEST FORM

Clinic:

Clinician:

Date:

UVTHC AIS:

CP:

Place AIS
sticker here

Owner:

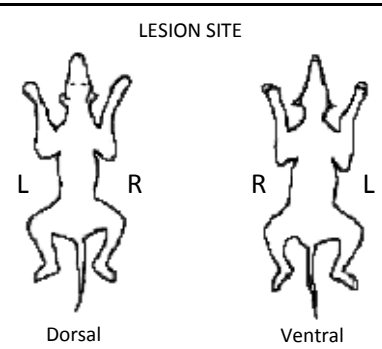
Animal's name:

Species: **Breed:** **Sex:** **Age:**

Sample:

History / Description of lesion / Treatment (incl. all drugs administered):

<p>Haematology</p> <input type="checkbox"/> Full Blood Count <input type="checkbox"/> WCC Diff (incl. Fibrinogen) <input type="checkbox"/> PCV / TPP <input type="checkbox"/> Reticulocyte count <input type="checkbox"/> Platelet count <input type="checkbox"/> Bone marrow exam <input type="checkbox"/> PT, APTT <input type="checkbox"/> <i>Theileria</i> examination	<p>Body Function Profiles</p> <input type="checkbox"/> Equine profile <input type="checkbox"/> Equine racing profile <input type="checkbox"/> Large animal liver <input type="checkbox"/> Small animal 1 2 3 <input type="checkbox"/> Geriatric 1 2 <input type="checkbox"/> Pre-anaesthetic screen <input type="checkbox"/> Small animal liver <input type="checkbox"/> + coag <input type="checkbox"/> Small animal renal <input type="checkbox"/> Greyhound racing <input type="checkbox"/> Livestock (John House) profile <input type="checkbox"/> Alpaca profile <input type="checkbox"/> Downer cow profile <input type="checkbox"/> Porcine profile <input type="checkbox"/> Avian Long Short <input type="checkbox"/> Avian liver <input type="checkbox"/> Reptile Long Short <input type="checkbox"/> Exotics MBA <input type="checkbox"/> Snake bite	<p>Cytology</p> <input type="checkbox"/> FNA or impression smear <input type="checkbox"/> Tracheal wash <input type="checkbox"/> BAL Site _____
<p>Biochemistry</p> <input type="checkbox"/> Multiple Biochemical Analysis <input type="checkbox"/> Electrolytes <input type="checkbox"/> Total Bile Acids <input type="checkbox"/> BOHB <input type="checkbox"/> GLDH <input type="checkbox"/> Bicarbonate <input type="checkbox"/> Other (specify) _____	<p>Immunology</p> <input type="checkbox"/> Foal IgG (GC test) <input type="checkbox"/> Direct Coombs Test <input type="checkbox"/> Blood group <input type="checkbox"/> Blood bank profile <input type="checkbox"/> Cross match	<p>Body Fluid Analysis</p> <input type="checkbox"/> Abdominal / Thoracic <input type="checkbox"/> Joint or Tendon Sheath <input type="checkbox"/> CSF
<p>Microbiology</p> <input type="checkbox"/> Aerobic culture + sensitivity <input type="checkbox"/> Anaerobic culture <input type="checkbox"/> Organism ID <input type="checkbox"/> Gram stain only <input type="checkbox"/> Blood/body fluid culture <input type="checkbox"/> Uterine culture <input type="checkbox"/> Clitoral culture <input type="checkbox"/> Milk culture <input type="checkbox"/> Fungal culture and ID <input type="checkbox"/> Faecal culture for <i>Salmonella</i> Day 1 2 3 4 5 <input type="checkbox"/> Environmental swab (<i>Salmonella</i>) <input type="checkbox"/> Clean <input type="checkbox"/> Dirty <input type="checkbox"/> Biosecurity (quarterly)	<p>Parasitology/faecal analysis</p> <input type="checkbox"/> Faecal egg count <input type="checkbox"/> Faecal egg float <input type="checkbox"/> Direct smear	<p>Urinalysis (<input type="checkbox"/> Cysto, <input type="checkbox"/> Catheterised, <input type="checkbox"/> Voided)</p> <input type="checkbox"/> Full urinalysis <input type="checkbox"/> Calculus examination <input type="checkbox"/> Protein : Creatinine ratio <input type="checkbox"/> Microprotein <input type="checkbox"/> Urinalysis part (specify) _____
		<p>Endocrinology</p> <input type="checkbox"/> Cortisol <input type="checkbox"/> ACTH stim test (0 & 1 h) <input type="checkbox"/> Low dose Dexamethasone Supp. (0, 4 & 8 h) <input type="checkbox"/> Progesterone <input type="checkbox"/> T4
		<p>Histopathology</p> <input type="checkbox"/> Necropsy <input type="checkbox"/> Biopsy <input type="checkbox"/> Teaching
		<p>Postmortem</p> <input type="checkbox"/> Paid <input type="checkbox"/> Teaching <input type="checkbox"/> Risk Assesment



Completed Entered AIS Emailed Faxed