



# Submission Form Blood and Urine



<p><b>Practice Details</b>          Veterinary Surgeon:          Vet mobile:          Practice Name:          Practice Address (for invoicing):</p> <p>Post Code:          Practice Tel Number:</p> <p>Email Addresses (<b>For Results</b>):</p>	<p><b>Sample Information</b>          Farm ID:</p> <p>Species: bovine/ ovine/ other (please state):</p> <p>Sample type: blood/ urine</p> <p>Sampling date:</p> <p>Posting date:</p>
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Select analytical tests required using ✓ For any individual variations, please state in the boxes below.

Base profiles	
	Trace elements
	Trace elements + PII
	Pooled PII
	Individual PII
	Vitamin B12
	Energy (NEFA, BHB, Urea)
	Protein (Urea, Tp, Alb, T-bil)
	Combined energy and protein
	Liver function (GGT, GLDH, AST, T-bil)

Blood analysis: Individual analytes (in addition to selected package)			
	total protein	GGT	Na
	albumin	AST	K
	urea	GLDH	Cl
	NEFA	T-bil	Ca
	BHB	ALP	Mg
	glucose	ALT	inorg P
	creatinine	CK	

Urine	
	Macro-minerals - singleton
	Macro-minerals - duplicate
	Iodine - singleton
	Iodine - duplicate

**Note:** additional icp element requests should be included in the individual variations column below.  
 Tube requirements for the tests can be found in the service details booklet.

Sample ID	Individual variations	notes	Lab use only
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

For additional samples, please add on the back of the submission form

<p><b>Lab use only</b>          Laboratory reference: _____          Received date: _____ Processed date: _____ Initial _____</p>
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