



Submission Form Blood and Urine



<p>Practice Details Veterinary Surgeon: Vet mobile: Practice Name: Practice Address (for invoicing):</p> <p>Post Code: Practice Tel Number:</p> <p>Email Addresses (For Results):</p>	<p>Sample Information 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.

Blood analysis packages	
<input type="checkbox"/>	Trace elements
<input type="checkbox"/>	Trace element + PII
<input type="checkbox"/>	Energy (NEFA, BHB, urea)
<input type="checkbox"/>	Protein (urea, TP, Alb, glob)
<input type="checkbox"/>	Combined energy and protein
<input type="checkbox"/>	Liver function (GGT, GLDH, AST, T-bil)
<input type="checkbox"/>	Vitamin B12
<input type="checkbox"/>	Plasma Inorganic Iodine (PII)

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

Urine	
<input type="checkbox"/>	Macro-minerals - singleton
<input type="checkbox"/>	Macro-minerals - duplicate
<input type="checkbox"/>	Iodine - singleton
<input type="checkbox"/>	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>Lab use only Laboratory reference: _____ Received date: _____ Processed date: _____ Initial _____</p>
