

VETERINARIAN

*
Vet Contact Name:
Signature:

PROPERTY IDENTIFICATION CODE * [] [] [] [] [] [] [] [] [] []

OWNER.....
TRADING NAME.....
ADDRESS.....
SUBURB.....P/CODE *.....PHONE.....

Account to: Clinic / PIRSA (PIC number must be complete) / DPI (PIC number must be complete)

LAB USE ONLY

Billing Code
Copies to

SPECIES *.....BREED.....AGE *.....SEX.....

COLLECTION DATE/...../20..... TIME COLLECTED.....AM/PM

SUSPECTED DISEASE IS: NOTIFIABLE EXOTIC NOT NOTIFIABLE

No. animals at risk No. sick..... No. dead.....

BRIEF HISTORY/CLINICAL NOTES

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.....
.....

PROVISIONAL DIAGNOSIS 1..... 2.....
3..... 4.....

SYNDROME CODE * [] [] [] []

ANIMAL ID. TEST/S REQUIRED (Please Tick)

1.....4.....
2.....5.....
3.....6.....

PROFILES: Complete (FBE + Comp. VMBA) / General (FBE + Gen Bioch)

HAEMATOLOGY: FBE Smear Other.....

BIOCHEM: Complete Bioch (VMBA) / General Biochemistry (10 analytes)

GPx(Se) VitB12(Co) Cu Other.....

SPECIMENS

Plain Blood x
EDTA Blood x
LH Blood x
FI Ox Blood x
Na Citrate x
Blood Films x
Urine x
Milk x
Faeces x
Swab x
STM x
Fresh Tissues x
.....
Fixed Tissues x
.....
Other x

SEROLOGY:
Bovine: Bov JD ELISA EBL ELISA OJD/CJD AGID Hardjo
BVD AGID (Ab) BVD ELISA (Ag) B. ovis CFT Pomona
B. abortus CFT B. abortus ELISA CAE ELISA Other:.....
Other: Test name:..... Test method:.....

Ovine/Caprine: **Lepto MAT:**
.....
.....

MICROBIOLOGY: Microscopy, cult. & sens (MC + S) Specimens.....

Smear for..... Urinalysis.....

Specialised culture..... Other microbiology.....

PARASITOLOGY: FEC / Bulk FEC / Fluke / Total Worm Count

Larval Culture / Drench Resistance Test Smear for Protozoa Other.....

GROSS/HISTOPATH: Histopathology / Cytology / Necropsy

RESIDUES: OC OP / Other.....

OTHER TESTING/REPORTING INSTRUCTIONS:

*Disease Surveillance

PLEASE USE BLACK INK TO COMPLETE

PLEASE SEND TOP COPY TO LAB AND RETAIN SECOND COPY FOR YOUR RECORDS