

Submitting Veterinary Surgeon: \_\_\_\_\_  
 Owners Name: \_\_\_\_\_  
 Animal Name: \_\_\_\_\_  
 Animal Ref No.: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: Stallion Gelding Mare  
 Previous Axiom Ref: \_\_\_\_\_  
 Breed: \_\_\_\_\_  
 Sample Date: \_\_\_\_\_

### LABORATORY USE ONLY

E	CIT	WASH
SG	URINE	FLUID
USG	FAECES	HIST
S	TSWAB	SLIDES
C	VSWAB	_____
O	DSWAB	OTHER
H	NPSWAB	

Please enter number of samples into the boxes:  CLOTTED  SERUM  LITHIUM HEPARIN  EDTA  CITRATE  FAECES  
 SWAB site of swab: \_\_\_\_\_  URINE collection method: \_\_\_\_\_  OTHER please specify: \_\_\_\_\_

Please tick if **PRIORITY SERVICE** is required - Additional charge(s) will be incurred

Histopathology (EFASTH)  Cytology (URGCYT)  Profiles (EPRIOR)  PCR (EPCFAST)

### PROFILES

Please tick if interpretation **IS REQUIRED**

<b>EQUIS</b> General	<b>INFLA</b> Inflammatory
<b>ECOMP</b> Comprehensive	<b>ELIVE</b> Liver
<b>MUSCL</b> Muscle	<b>ERENA</b> Renal
<b>MUSCPP</b> Muscle Exercise Test Pre & Post	<b>ERENALU</b> Renal Including Full Urinalysis Without Culture
<b>ATHLET</b> Athletic	

### CHEMISTRY

<b>EGSH</b> Selenium, GSHPx	<b>EVITE</b> Vitamin E
<b>ESELEN</b> Selenium, Elemental	

### HAEMATOLOGY

<b>EHAEMA</b> Haematology Complete Blood Count
<b>EFIBRI</b> Fibrinogen
<b>EPTAP</b> PT & APTT Coagulation Times (Please submit a control sample)
<b>EPTH</b> Pathologist Haematology Review

### ENDOCRINOLOGY (Reproductive)

<b>EAMH</b> Anti Mullerian Hormone (AMH Rig <input type="checkbox"/> AMH GCT <input type="checkbox"/> )
<b>OSR</b> Oestrone Sulphate ('Rig')
<b>OS</b> Oestrone Sulphate Pregnancy Testing >120 days
<b>PMSG</b> PMSG Pregnancy Testing 45 - 95 days
<b>EGCT</b> GCT Panel
<b>EPROG</b> Progesterone

### ENDOCRINOLOGY (Other)

<b>HEACT</b> ACTH (basal)
<b>HEACTP</b> ACTH (post TRH)
<b>HEACTBP</b> ACTH (basal & post TRH)
<b>BADIP</b> Adiponectin (when requested with ACTH)
<b>BEINSU</b> Insulin & Glucose (when requested with ACTH)
<b>BETRIG</b> Triglycerides (when requested with ACTH)
<b>PPID</b> PPID Monitoring (basal <input type="checkbox"/> post 'Karo' <input type="checkbox"/> post dextrose <input type="checkbox"/> )
<b>LAMIRP</b> Laminitis Risk Plus Profile (basal <input type="checkbox"/> post 'Karo' <input type="checkbox"/> post dextrose <input type="checkbox"/> )
<b>EINSU</b> Insulin & Glucose (basal <input type="checkbox"/> post 'Karo' <input type="checkbox"/> post dextrose <input type="checkbox"/> )
<b>EINSS</b> Insulin (basal <input type="checkbox"/> post 'Karo' <input type="checkbox"/> post dextrose <input type="checkbox"/> )
<b>ETRIG</b> Triglycerides
<b>LAMIR</b> EMS Screen (basal <input type="checkbox"/> post 'Karo' <input type="checkbox"/> post dextrose <input type="checkbox"/> )
<b>ESGLT2</b> SGLT2i Monitoring Profile
<b>ADIP</b> Adiponectin

**IF INTERPRETATION IS REQUIRED PLEASE PROVIDE PATIENT HISTORY BELOW OR ATTACH ADDITIONAL PAGES**

CLINICAL SUMMARY (Including details of medication):

### SEROLOGY / VIROLOGY

<b>EAAYLYM</b> Anaplasma Antibody & Borrelia Antibody (Lyme Disease)
<b>EHV</b> EHV 1 and 4 (Equine Herpesvirus) Antibody CFT
<b>INFLU</b> Influenza A Antibody
<b>ELAW</b> Lawsonia intracellularis Antibody IPMA
<b>FLKAB</b> Liver Fluke Antibody ELISA
<b>STRAN</b> Strangles Antibody SeM ELISA
<b>STRAPN</b> Strangles Paired Antibody SeM ELISA
<b>STRA</b> Strangles Antibody A and C ELISA
<b>STRAP</b> Strangles Paired Antibody A and C ELISA

Select the relevant Paired Antibody test option for the latter sample, assuming previous submission under the STRAN / STRA tests.

<b>TAPE</b> Tapeworm Antibody ELISA
<b>ERED</b> Small Redworm Antibody ELISA (Cyathostome)

### PCR

Sample site **MUST** be specified.

If more than one sample is submitted please clearly specify which tests are to be run on which samples. If this information is not provided all requested tests will be run on all applicable samples, and charged accordingly.

<b>PCRST</b> PCR Strangles (Strep equi ssp.equi)
<b>PCRSTC</b> PCR Strangles (Strep equi ssp.equi) and culture combined
<b>PCSTEZ</b> PCR Strangles (Strep equi ssp.equi & Strep equi ssp. zooepidemicus)
<b>EPCDER</b> PCR Dermatophyte (Ringworm)
<b>PCEHV14</b> PCR EHV 1 and 4 (Equine Herpesvirus)
<b>PCINF</b> PCR Influenza
<b>EPCSA</b> PCR Salmonella species

### PLEASE SPECIFY ANY OTHER TESTS REQUIRED

Additional test are available, for details of our complete list please visit [www.milabonline.com](http://www.milabonline.com) or our PDF/hard copy price list.

### PLEASE TURN OVER FOR:

Reproductive Infectious Disease and BEVA approved tests, Microbiology, Dermatology, Faecal analysis, Urine analysis, Cytology, Histology.

**Reproductive Infectious Disease and BEVA approved tests, Microbiology, Dermatology, Faecal analysis, Urine analysis, Cytology, Histology.**

Please enter number of samples into the boxes overleaf

**REPRODUCTIVE INFECTIOUS DISEASE & BEVA APPROVED TESTS**

Swab site **and** sample date must be specified on form and swab

<b>EIA</b>	EIA -Equine Infectious Anaemia Antibody ELISA*
<b>EVA</b>	EVA - Viral Arteritis Antibody ELISA*
<b>EVEIA</b>	EIA and EVA Antibody ELISA tests*
<b>CEMO</b>	CEMO culture (aerobic and microaerophilic) - Mare
<b>CEMOS</b>	CEMO culture (aerobic and microaerophilic) - Stallion up to 4 swabs
<b>CEMEV</b>	CEMO culture & EVA (ELISA) - Mare
<b>CEMVA</b>	CEMO culture, EVA and EIA (ELISA) - Mare
<b>EACUL</b>	Aerobic culture (NOT extended CEMO Culture)
<b>PCCEMM</b>	CEMO (TKP) PCR - Mare
<b>PCCEMS</b>	CEMO (TKP) PCR - Stallion
<b>PCCEMEV</b>	CEMO (TKP) PCR and EVA (ELISA) - Mare
<b>PCEVAEI</b>	CEMO (TKP) PCR, EVA and EIA (ELISA) - Mare *(NOT for export certification)
<b>CERVSM</b>	Cervical or Endometrial Smear Cytology
<b>EUTERIN</b>	Uterine Lavage Cytology

**MICROBIOLOGY, DERMATOLOGY & MYCOLOGY**

Sample site **MUST** be specified.

If more than one sample is submitted please clearly specify which tests are to be run on which samples. If this information is not provided all requested tests will be run on all applicable samples, and charged accordingly.

**MICROBIOLOGY, DERMATOLOGY & MYCOLOGY**

<b>EVCUL</b>	Microbiological Culture & Sensitivity
<b>STCUL</b>	S. equi ssp. equi and S. equi ssp. zooepidemicus Culture
<b>MALDI</b>	Bacterial Isolate Identification
<b>EFUNGC</b>	Dermatophyte (Ringworm) Culture
<b>EPCDER</b>	PCR Dermatophyte (Ringworm)
<b>ESKME</b>	Microscopic Examination for Ectoparasites & Dermatophytes
<b>ESKM2</b>	Microscopic Examination, Dermatophilus, Dermatophyte & Microbiological Culture
<b>ESKFUN</b>	Microscopic Examination and Dermatophyte Culture
<b>EVCUL2</b>	Add Microbiological Culture to any Cytology or PCR

**FAECAL ANALYSIS**

**If there is a delay in warm weather then worm eggs may hatch leading to falsely negative counts. Avoid sending over weekend.**

<b>EPAR</b>	Parasitology (modified Moredun method) worm egg count
<b>FTAH</b>	Faecal Panel Adult Horse
<b>ESALM</b>	Salmonella Culture

**Pooled samples should be pooled prior to submission, please ensure sample is thoroughly mixed.**

**URINE ANALYSIS**

<b>EURA</b>	Urine analysis
<b>EURAC</b>	Urine analysis plus aerobic bacterial culture
<b>EURINE</b>	Urine analysis plus full culture and UPC
<b>EUBSE</b>	Full Urinalysis WITHOUT Culture
<b>EUPC</b>	Urine Protein:Creatinine

**PLEASE SPECIFY ANY OTHER TESTS REQUIRED**

**PATHOLOGY**

Please provide clinical summary in the box below and please make clear which are biopsy sites and which are cytology sites.  
If more than one site please ensure all samples/slides are labelled.

**CYTOLOGY**

<b>EWAS</b>	BAL or Tracheal Wash (Please state)
<b>EWASTR</b>	BAL and Tracheal Wash Combined
<b>EBONME</b>	Bone Marrow Aspirate Cytology
<b>ECSANA</b>	Cerebrospinal Fluid Analysis and Cytology
<b>EFNAME</b>	Fine Needle Aspirate Cytology
<b>EFANA</b>	Peritoneal or Pleural Fluid (Please state)
<b>ESYANA</b>	Synovial Fluid Analysis and Cytology
<b>EURIME</b>	Urine Cytology
<b>EVCUL2</b>	Add Microbiological Culture to Cytology

Please indicate type of samples by ticking boxes and required tests below:

- FLUID IN EDTA (SITE/S.....)
- FLUID IN PLAIN (SITE/S.....)
- CSF
- AIR DRIED SLIDES (SITE/S.....)
- OTHER (SITE/S.....)

**HISTOLOGY**

<b>EHIST</b>	Histology – Up to 3 biopsies/sites
<b>ELHIST</b>	Histopathology – Large/Whole Specimen
<b>ESKHIST</b>	Skin Profile plus Histopathology
<b>EFASTH</b>	Fast Track Histopathology

Please indicate type of samples by ticking boxes and required tests below:

- EXCISION (SITE/S.....)
- WEDGE (SITE/S.....)
- PUNCH (SITE/S.....)
- GRAB/ENDOSCOPIC (SITE/S.....)
- TRU-CUT (SITE/S.....)
- OTHER (SITE/S.....)

**For complete excisional samples, have you submitted margins?**  
YES      NO

**PLEASE PROVIDE PATIENT HISTORY BELOW**

CLINICAL SUMMARY e.g. general health, size/rate of growth of lesion(s), appearance, parasites, medication administered.