

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 (EFASH) Cytology (URGCYT) Profiles (EPRIOR) PCR (EPCFAST)

PROFILES

Please tick if interpretation **IS REQUIRED**

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

CHEMISTRY

| | |
|-----------------------------------|------------------------|
| EGSH Selenium, GSHPx | EVITE Vitamin E |
| ESELEN Selenium, Elemental | |

HAEMATOLOGY

| |
|---|
| EHAEMA Haematology Complete Blood Count |
| EFIBRI Fibrinogen |
| EPTAP PT & APTT Coagulation Times (Please submit a control sample) |
| EPTH Pathologist Haematology Review |

ENDOCRINOLOGY (Reproductive)

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

ENDOCRINOLOGY (Other)

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

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

CLINICAL SUMMARY (Including details of medication):

SEROLOGY / VIROLOGY

| | |
|----------------|---|
| EAAYLYM | Anaplasma Antibody & Borrelia Antibody (Lyme Disease) |
| EHV | EHV 1 and 4 (Equine Herpesvirus) Antibody CFT |
| INFLU | Influenza A Antibody |
| ELAW | Lawsonia intracellularis Antibody IPMA |
| FLKAB | Liver Fluke Antibody ELISA |
| STRNG | Strangles Antibody A&C Combined ELISA |
| STRNGP | Paired Strangles Antibody A&C Combined ELISA |
| STRAN | Strangles Antibody SeM ELISA |
| STRAPN | Strangles Paired Antibody SeM ELISA |
| STRA | Strangles Antibody A and C ELISA |
| STRAP | Strangles Paired Antibody A and C ELISA |

Select the relevant Paired Antibody test option for the latter sample.

| | |
|-------------|--|
| TAPE | Tapeworm Antibody ELISA |
| ERED | 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.

| | |
|----------------|--|
| PCRST | PCR Strangles (Strep equi ssp.equi) |
| PCRSTC | PCR Strangles (Strep equi ssp.equi) and culture combined |
| PCSTEZ | PCR Strangles (Strep equi ssp.equi & Strep equi ssp. zooeidemicus) |
| EPCDER | PCR Dermatophyte (Ringworm) |
| PCEHV14 | PCR EHV 1 and 4 (Equine Herpesvirus) |
| PCINF | PCR Influenza |
| EPCALS | PCR Salmonella species |

PLEASE SPECIFY ANY OTHER TESTS REQUIRED

Additional test are available, for details of our complete list please visit 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

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

| | |
|---------------|--|
| EVCUL | Microbiological Culture & Sensitivity |
| STCUL | S. equi ssp. equi and S. equi ssp. zooepidemicus Culture |
| MALDI | Bacterial Isolate Identification |
| EFUNGC | Dermatophyte (Ringworm) Culture |
| EPCDER | PCR Dermatophyte (Ringworm) |
| ESKME | Microscopic Examination for Ectoparasites & Dermatophytes |
| ESKM2 | Microscopic Examination, Dermatophilus, Dermatophyte & Microbiological Culture |
| ESKFUN | Microscopic Examination and Dermatophyte Culture |
| EVCUL2 | 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.

| | |
|--------------|---|
| EPAR | Parasitology (modified Moredun method) worm egg count |
| FTAH | Faecal Panel Adult Horse |
| ESALM | Salmonella Culture |

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

URINE ANALYSIS

| | |
|---------------|---|
| EURA | Urine analysis |
| EURAC | Urine analysis plus aerobic bacterial culture |
| EURINE | Urine analysis plus full culture and UPC |
| EUBSE | Full Urinalysis WITHOUT Culture |
| EUPC | 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

| | |
|---------------|--|
| EWAS | BAL or Tracheal Wash (Please state) |
| EWASTR | BAL and Tracheal Wash Combined |
| EBONME | Bone Marrow Aspirate Cytology |
| ECSANA | Cerebrospinal Fluid Analysis and Cytology |
| EFNAME | Fine Needle Aspirate Cytology |
| EFANA | Peritoneal or Pleural Fluid (Please state) |
| ESYANA | Synovial Fluid Analysis and Cytology |
| EURIME | Urine Cytology |
| EVCUL2 | 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

| | |
|----------------|---------------------------------------|
| EHIST | Histology – Up to 3 biopsies/sites |
| ELHIST | Histopathology – Large/Whole Specimen |
| ESKHIST | Skin Profile plus Histopathology |
| EFASTH | 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.