

Please add your practice NAME, ADDRESS AND PRACTICE CODE here...



THE MANOR HOUSE, BRUNEL ROAD, NEWTON ABBOT, DEVON.TQ12 4PB
TEL: +44 (0)1626 355655
EMAIL: ADMIN@AXIOMVETLAB.CO.UK
WWW.AXIOMVETLAB.COM



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

LABORATORY USE ONLY

<input type="checkbox"/> E	<input type="checkbox"/> CIT	<input type="checkbox"/> WASH
<input type="checkbox"/> SG	<input type="checkbox"/> URINE	<input type="checkbox"/> FLUID
<input type="checkbox"/> USG	<input type="checkbox"/> FAECES	<input type="checkbox"/> HIST
<input type="checkbox"/> S	<input type="checkbox"/> TSWAB	<input type="checkbox"/> SLIDES
<input type="checkbox"/> C	<input type="checkbox"/> VSWAB	_____
<input type="checkbox"/> O	<input type="checkbox"/> DSWAB	<input type="checkbox"/> OTHER
<input type="checkbox"/> H	<input type="checkbox"/> 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

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

CHEMISTRY

<input type="checkbox"/> EGSH Selenium, GSHPx	<input type="checkbox"/> EVITE Vitamin E
<input type="checkbox"/> ESELEN Selenium, Elemental	

HAEMATOLOGY

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

ENDOCRINOLOGY (Reproductive)

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

ENDOCRINOLOGY (Other)

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

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

CLINICAL SUMMARY (Including details of medication):

SEROLOGY / VIROLOGY

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

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

<input type="checkbox"/> TAPE Tapeworm Antibody ELISA
<input type="checkbox"/> 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.

<input type="checkbox"/> PCRST PCR Strangles (Strep equi ssp.equi)
<input type="checkbox"/> PCRSTC PCR Strangles (Strep equi ssp.equi) and culture combined
<input type="checkbox"/> PCSTEZ PCR Strangles (Strep equi ssp.equi & Strep equi ssp. zooepidemicus)
<input type="checkbox"/> EPCDER PCR Dermatophyte (Ringworm)
<input type="checkbox"/> PCEHV14 PCR EHV 1 and 4 (Equine Herpesvirus)
<input type="checkbox"/> PCINF PCR Influenza
<input type="checkbox"/> EPCSAAL 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.

Residual samples, surplus to requirement, may be used for research, development, anonymised publication and training. Please tick if these samples **cannot** be used for these purposes. See www.axiomvetlab.com for further details.