

**Name of Submitting Vet**

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

Please complete the following section using **CAPITAL LETTERS**.

**OWNER NAME:** \_\_\_\_\_

**ANIMAL NAME::** \_\_\_\_\_

**ANIMAL REF NO.:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **STALLION** **GELDING** **MARE**

**PREVIOUS AXIOM REF:** \_\_\_\_\_

**BREED:** \_\_\_\_\_

**SAMPLE DATE:** \_\_\_\_\_

### LABORATORY USE ONLY

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

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
<b>ATHLET</b> Athletic	Without Culture

### 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

### CHEMISTRY

<b>EGSH</b> Selenium, GSHPx	<b>EVITE</b> Vitamin E (samples must be chilled/frozen and protected from light)
<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

### SEROLOGY / VIROLOGY

<b>EAAAYLM</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>STRNG</b>	Strangles Antibody A&C Combined ELISA
<b>STRNGP</b>	Paired Strangles Antibody A&C Combined ELISA
<b>TAPE</b>	Tapeworm Antibody ELISA
<b>ERED</b>	Small Redworm Antibody ELISA (Cyathostome)

### PCR

Sample site **MUST** be specified in the box below.

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. zoepidemicus)
<b>EPCRESP</b>	Respiratory PCR Panel (Strep equi, Strep zoepidemicus, EHV-1 and EHV-4, Influenza, Rhinovirus A & B)
<b>EPCDER</b>	Dermatophyte (Ringworm) PCR + Culture
<b>PCEHV14</b>	PCR EHV 1 and 4 (Equine Herpesvirus)
<b>EPCAL</b>	PCR Salmonella species

### ENDOCRINOLOGY (Other)

<b>HEACT</b>	ACTH (basal)
<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 + 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

### MICROBIOLOGY, DERMATOLOGY & MYCOLOGY

Sample site **MUST** be specified in the box below.

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>EVCUL</b>	Microbiological Culture & Sensitivity
<b>STCUL</b>	S. equi ssp. equi and S. equi ssp. zoepidemicus Culture
<b>MALDI</b>	Bacterial Isolate Identification
<b>EFUNGC</b>	Dermatophyte (Ringworm) Culture
<b>EPCDER</b>	Dermatophyte (Ringworm) PCR + Culture
<b>ESKME</b>	Microscopic Examination for Ectoparasites & Fungal Elements
<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

### PLEASE TURN OVER FOR:

Faecal Analysis, Urine Analysis, Reproductive Infectious Disease and BEVA approved tests, Cytology and Histology.

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

Please enter number of samples into the boxes overleaf

## 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

## REPRODUCTIVE INFECTIOUS DISEASE & BEVA APPROVED TESTS

**CLITORAL FOSSA AND SINUSES MUST BE SAMPLED USING MINI TIP TRANSPORT SWABS.**

**ALL SWABS FOR CEM CULTURE MUST BE SUBMITTED IN CHARCOAL TRANSPORT MEDIUM WITHIN THEIR EXPIRY DATE WITHIN 48 HOURS OF SAMPLING (This does not apply to PCR requests).**

**PLEASE ENSURE SWABS ARE LABELLED WITH DATE AND TIME OF SAMPLING.**

Swab site AND sample date must be specified on the swab and in the box below.

<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 - min 3, max 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

## 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 AND ANY OTHER TESTS REQUESTED 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](http://www.axiomvetlab.com) for further details.