

# Companion Animal Pathology Submission Form



**LAB NO.**

**LAB TECH INITIALS**

**CONTACT DETAILS**

IDEXX Laboratories South Africa: +27 691 8200 (Option 2)  
 Laboratory E-mail Address: Lab-SA@idexx.com

**PATIENT DETAILS**

Name:   
 Owner Name and Surname:   
 Equine  Canine  Feline  Bovine  
 Ovine  Caprine  Exotic  Poultry/ Avian  
 Age:  Breed:   
 Male  Neutered  Female  Spayed

**DEMOGRAPHIC INFORMATION REQUIRED**

Vet Practice Name:  Tel No:   
 Email:  Fax No:   
 Referring Vet:  Copies Sent to:   
 Vet's Ref Number:  Date Collected:   
 Status:  Stat  Routine

**SPECIMEN TYPE**  Blood  Swab  Faeces  Skin  Organ  Other (Specify):   
 Urine  Cysto  Free-Flow  Catheter  Other (Specify):

**A detailed history is essential - PLEASE INDICATE CLEARLY on the CLINICAL HISTORY section.  
 Sample tubes must be marked with Patient identification and collection date. No responsibility will be taken for errors on unmarked sample tubes.**

Suspected Clinical Diagnosis:  Case Interpretation Required:  Yes  No (Please supply clinical history. Additional fee applies.)

CODE	BIOCHEMISTRY	SAMPLE	CODE	BIOCHEMISTRY	SAMPLE	CODE	PROFILES	SAMPLE
<input type="checkbox"/>	NA1 Sodium	6	<input type="checkbox"/>	SBAP Bile acids (post prandial)	6	<input type="checkbox"/>	CGER Canine Geriatric Profile	666
<input type="checkbox"/>	KA Potassium	6	<input type="checkbox"/>	LACT Lactate*	6	<input type="checkbox"/>	CHEP Canine Hepatic Profile	6
<input type="checkbox"/>	CL Chloride	6	<input type="checkbox"/>	UA Uric Acid	6	<input type="checkbox"/>	CPOLY Canine Polydypsia Screen	66
<input type="checkbox"/>	BIC Total CO <sub>2</sub> (Bicarbonate)	6	<input type="checkbox"/>	RCE Cholinesterase (RBC)*	6	<input type="checkbox"/>	CSEIZ Canine Seizure Profile	666
<input type="checkbox"/>	CA Calcium (Total)	6	<input type="checkbox"/>	SCE Cholinesterase (Serum)*	6	<input type="checkbox"/>	CRENAL Canine Renal Failure Profile	66
<input type="checkbox"/>	PHOS Inorganic Phosphate	6	<input type="checkbox"/>	FIBB Fibrinogen	66	<input type="checkbox"/>	CCRENA Canine Chronic Renal Failure Monitoring	66
<input type="checkbox"/>	MG Magnesium	6	<input type="checkbox"/>	SAA Serum Amyloid A*	6	<input type="checkbox"/>	PROTRD Proteinuric Renal Disease Monitoring	6
<input type="checkbox"/>	FE Iron	6	<input type="checkbox"/>	SFOL Folate	6	<input type="checkbox"/>	CTHY Canine Thyroid Profile	66
<input type="checkbox"/>	UREA Urea	6	<input type="checkbox"/>	SB12 Vitamin B12	6	<input type="checkbox"/>	CVOM Canine Vomiting Profile	6666
<input type="checkbox"/>	FGF23 FGF-23	6	<input type="checkbox"/>	ICA Ionized Calcium*	6 (on ice)	<input type="checkbox"/>	CINTEST Canine Intestinal Profile 2	66
<input type="checkbox"/>	CREAT Creatinine	6	<input type="checkbox"/>	PT PT & PTT	6	<input type="checkbox"/>	FREN Feline Renal Profile	6
<input type="checkbox"/>	SDMA SDMA (Symmetric dimethylarginine)	6	<input type="checkbox"/>	PROTCF CSF Protein (Total)	6	<input type="checkbox"/>	FGENP Feline General Profile	666
<input type="checkbox"/>	TP Total Serum Protein	6	<input type="checkbox"/>	TROPI Cardiac Troponin I*	6	<input type="checkbox"/>	FHEP Feline Hepatic Profile	6
<input type="checkbox"/>	CANDYS Canine Dysbiosis	5g	<b>CODE</b>	<b>HAEMATOLOGY</b>	<b>SAMPLE</b>	<input type="checkbox"/>	FHTSCR Feline Hyperthyroid Screen	6
<input type="checkbox"/>	FELDYS Feline Dysbiosis	5g	<input type="checkbox"/>	BC Partial Blood Count	6	<input type="checkbox"/>	FWELL Feline Senior Wellness	666
<input type="checkbox"/>	ALB Albumin	6	<input type="checkbox"/>	BLSE Blood Smear Evaluation (by Pathologist)	6	<input type="checkbox"/>	FHTMON Feline Hyperthyroid Monitoring	6
<input type="checkbox"/>	GKB Globulin	6	<input type="checkbox"/>	COOM Coombs	6	<input type="checkbox"/>	FHTPOST Feline Hyperthyroid Post Operative	6
<input type="checkbox"/>	A:G:RATIO Albumin: Globulin Ratio	6	<input type="checkbox"/>	CROS Cross-Matching (up to 4 donors)	66	<input type="checkbox"/>	FMINOR Feline Minor Medical Profile	66
<input type="checkbox"/>	ELCT Protein Electrophoresis	6	<input type="checkbox"/>	DIFF Differential Count	6	<input type="checkbox"/>	FVIRAL Feline Viral Screen	6
<input type="checkbox"/>	CHOL Cholesterol	6	<input type="checkbox"/>	ESR Erythrocyte Sedimentation Rate (ESR)	6	<input type="checkbox"/>	FIP FIP Screen	6
<input type="checkbox"/>	TRIG Triglycerides	6	<input type="checkbox"/>	FBC Full/ Complete Blood Count	6	<input type="checkbox"/>	FVOM Feline Vomiting Profile	6666
<input type="checkbox"/>	GLUC Glucose (fasting / random)	6	<input type="checkbox"/>	ISAG In Saline Agglutination (ISA)	6	<input type="checkbox"/>	EQFIT Equine Fitness Profile	66
<input type="checkbox"/>	ALT1 Alanine Transaminase (ALT)	6	<input type="checkbox"/>	PCV Manual PCV (%)	6	<input type="checkbox"/>	EQGEN Equine General Profile	666
<input type="checkbox"/>	AST Aspartate Transaminase (AST)	6	<b>CODE</b>	<b>PROFILES</b>	<b>SAMPLE</b>	<input type="checkbox"/>	EQINFLAM Equine Inflammation Profile	66
<input type="checkbox"/>	ALK Alkaline Phosphatase (Alkp)	6	<input type="checkbox"/>	Own Profile		<input type="checkbox"/>	EQMIN Equine Minor Medical Profile	66
<input type="checkbox"/>	GGT Gamma Glutamyl-Transferase (GGT)	6	<input type="checkbox"/>	ANAE Anaemia Screen	6	<input type="checkbox"/>	FOALP Foal Basic Profile	666
<input type="checkbox"/>	LDH Lactate Dehydrogenase (LDH)	6	<input type="checkbox"/>	HAEM Haemorrhagic Diathesis Profile	66	<input type="checkbox"/>	RUMGP Ruminant General Profile	666
<input type="checkbox"/>	CK1 Creatine Kinase (CK)	6	<input type="checkbox"/>	INTP Intestinal Profile 1 (incl. culture)	6	<input type="checkbox"/>	AVB Avian Basic	6
<input type="checkbox"/>	LIP Lipase	6	<input type="checkbox"/>	CGM Canine General Medical Profile	666	<input type="checkbox"/>	AVE Avian Extended	6
<input type="checkbox"/>	AMY Amylase*	6	<input type="checkbox"/>	CPA Canine Pre-Anaesthetic (Younger Dog)	66	<input type="checkbox"/>	AVH1 Avian Health 1	66
<input type="checkbox"/>	BILIT Bilirubin Total*	6	<input type="checkbox"/>	CMM Canine Minor Medical / Pre-Anaesthetic (Older Dog)	66	<input type="checkbox"/>	REP B Reptile Basic	6
<input type="checkbox"/>	BILIC Bilirubin Conjugated*	6	<input type="checkbox"/>	CMMEXUR Canine Minor Medical (excl. Urine)	66	<input type="checkbox"/>	REPE Reptile Extended Profile	6
<input type="checkbox"/>	BILIU Bilirubin Unconjugated*	6	<input type="checkbox"/>	CMMUMI-CRO Canine Minor Medical (plus Urine Sediment Microscopy)	66	<input type="checkbox"/>	ARFBC Exotics Full/Complete Blood Count	6
<input type="checkbox"/>	SBA Bile acids (fasting)	6						

\* These are referral tests and incur a referral courier fee.

CODE	ENDOCRINE	SAMPLE
<b>Endocrine Comment Required</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>History mandatory for endocrine requests. Please complete overleaf.</b>		
<input type="checkbox"/> BO	17-B-Oestradiol*	🔴 (on ice)
<input type="checkbox"/> OHPROG	17- $\alpha$ -Hydroxy-Progesterone*	🔴 (on ice)
<input type="checkbox"/> ACTH	ACTH Stim. Test (Pre & Post)	🟡🟡
<input type="checkbox"/> TRILO	Trilostane Response Test (Pre & Post)	🟡🟡
<input type="checkbox"/> CORT	Cortisol Basal	🟡
<input type="checkbox"/> DEXALOW	Dexameth. Supp. (Low Dose) 0, 4 & 8 Hr	🟡🟡🟡
<input type="checkbox"/> DEXAH	Dexameth Supp. (High Dose) 0, 4 & 8 Hr	🟡🟡🟡
<input type="checkbox"/> FRUC	Fructosamine	🟡
<input type="checkbox"/> INSUC	Insulin (Cat) (RIA Method)*	🟡
<input type="checkbox"/> INSUCD	Insulin (Dog)*	🟡
<input type="checkbox"/> INSUCH	Insulin (Horse)*	🟡
<input type="checkbox"/> PROG	Progesterone (Dog ovulation detection/oestrus monitoring)*	🔴
<input type="checkbox"/> TEST	Testosterone*	🔴
<input type="checkbox"/> FT4	Free T4 (Equilibrium Dialysis)*	🟡
<input type="checkbox"/> TT4	Total T4	🟡
<input type="checkbox"/> TSH	Thyroid Stimulating Hormone (cTSH)	🟡
<input type="checkbox"/> TSHREFLEX	cTSH Confirmatory (Supply Result)	🟡
<input type="checkbox"/> KT4CONF	TT4 Confirmatory (Supply Result)	🟡
CODE	OTHER TESTS	SAMPLE
<input type="checkbox"/> LEAD	Blood lead*	🟡
<input type="checkbox"/> CPLI	Canine cPLI (Quantitative)	🔴
<input type="checkbox"/> FPLI	Feline fPLI (Quantitative)	🔴
<input type="checkbox"/> PROBPNP	Cardiopet™ ProBNP (Canine)	🟡
<input type="checkbox"/> PROB	Cardiopet™ ProBNP (Feline)	🔴
<input type="checkbox"/> TLI	Canine Trypsin-like Immunoassay (TLI)	🔴
<input type="checkbox"/> DRUG1	Comprehensive Drug Screen*	🟡

CODE	OTHER TESTS	SAMPLE
<input type="checkbox"/> CYCLO	Cyclosporin*	🟡
<input type="checkbox"/> DIGOX	Digoxin*	🔴
<input type="checkbox"/> FDP	Fibrin Degradation Pr Ampath*	🔴
<input type="checkbox"/> MINA	Minerals Analysis	ASK LAB
<input type="checkbox"/> PHENO	Phenobarbitone	🔴
<input type="checkbox"/> PBRO	Bromide animal (known as KBr)*	🔴🔴
<input type="checkbox"/> FIV	SNAP Combo FeLV/FIV	🔴
<input type="checkbox"/> FOAL	SNAP Foal IgG	🔴
<input type="checkbox"/> ZI	Zinc	🟡

CODE	SEROLOGY	SAMPLE
<b>Ab - Antibody Test • Ag - Antigen Test</b>		
<input type="checkbox"/> ANA	Antinuclear Antibody (ANA)	Ab 🔴
<input type="checkbox"/> CDISCSF	Canine Distemper CSF (FAT)	Ab 🔴
<input type="checkbox"/> CDISIGG	Canine Distemper IgG (FAT)	Ab 🔴
<input type="checkbox"/> CDISIGM	Canine Distemper IgM (FAT)	Ab 🔴
<input type="checkbox"/> ECANIGG	Ehrlichia Canis IgG (FAT)	Ab 🔴
<input type="checkbox"/> ECANIGM	Ehrlichia Canis IgM (FAT)	Ab 🔴
<input type="checkbox"/> FCAL	Feline Calici Virus (FAT)	Ab 🔴
<input type="checkbox"/> FCOR	Feline Corona Virus (FAT)	Ab 🔴
<input type="checkbox"/> FHERAB	Feline Herpes Virus (FAT)	Ab 🔴
<input type="checkbox"/> NEOSP	Neospora IgG (FAT)	Ab 🔴
<input type="checkbox"/> PANL	Feline Panleucopaenia Virus (FAT)	Ab 🔴
<input type="checkbox"/> TOXOAB	Toxoplasmosis (Agglutination)	Ab 🔴

CODE	MICROBIOLOGY	SAMPLE
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Please complete Microbiology Pathology Form

CODE	CYTOLOGY	SAMPLE
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Please complete the Cytology Submission Form

CODE	URINE	SAMPLE
<input type="checkbox"/> CYSB	IDEXX Cystatin B	🔴
<input type="checkbox"/> CYSBA	IDEXX Cystatin B Add On Test	🔴
<input type="checkbox"/> URIN	Urinalysis (excl. Culture)	🔴
<input type="checkbox"/> URINCUL	Urinalysis (incl. Culture)	🔴
<input type="checkbox"/> URCA	Urine Calculus Bladder Stone/s*	🔴
<input type="checkbox"/> UCORT	Urine Cortisol	🔴
<input type="checkbox"/> UCCR	Urine Cortisol: Creatinine Ratio	🔴
<input type="checkbox"/> URINEDI	Urine Dipstick incl. Urine SG	🔴
<input type="checkbox"/> URINMICRO	Urine Microscopy In-House	🔴
<input type="checkbox"/> UOSMO	Urine Osmolarity*	🔴
<input type="checkbox"/> FCKA	Urine Potassium Fractional Clearance	🔴🔴
<input type="checkbox"/> URPC	Urine Protein: Creatinine Ratio	🔴
<input type="checkbox"/> FCNA	Urine Sodium Fractional Clearance	🔴🔴
<input type="checkbox"/> USG	Urine Specific Gravity (SG)	🔴

CODE	FAECAL ANALYSIS	SAMPLE
<input type="checkbox"/> PARF	Faecal Flotation	🔴
<input type="checkbox"/> GIARD	Giardia SNAP Test	🔴
<input type="checkbox"/> OCC	Occult Blood	🔴

**PATHOLOGY**

See Pathology Request Forms

**OTHER TEST REQUESTS:**

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CLINICAL HISTORY										
<b>Course</b>	<input type="checkbox"/> P/Acute	<input type="checkbox"/> Acute	<input type="checkbox"/> S/Acute	<input type="checkbox"/> Chronic	<b>Temperature</b>	<input type="checkbox"/> V. High	<input type="checkbox"/> High	<input type="checkbox"/> Normal	<input type="checkbox"/> Low	
<b>Habitus</b>	<input type="checkbox"/> 4+	<input type="checkbox"/> 3+	<input type="checkbox"/> 2+	<input type="checkbox"/> 1+	<b>Condition</b>	<input type="checkbox"/> Obese	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Emaciated	
<b>Appetite</b>	<input type="checkbox"/> Good	<input type="checkbox"/> Mod.	<input type="checkbox"/> Poor	<input type="checkbox"/> None	<b>M/Membranes</b>	<input type="checkbox"/> C/gested	<input type="checkbox"/> Normal	<input type="checkbox"/> Pale	<input type="checkbox"/> Icteric	<input type="checkbox"/> CRT
<b>Vomition</b>	<input type="checkbox"/> Often	<input type="checkbox"/> S/times	<input type="checkbox"/> Seldom	<input type="checkbox"/> None	<b>Resp. Rate</b>	r/min		<b>Heart Rate</b>	b/min	
<b>Diarrhoea</b>	<input type="checkbox"/> Severe	<input type="checkbox"/> Mod.	<input type="checkbox"/> Mild	<input type="checkbox"/> None	<b>Abdomen</b>			<b>Skin/Coat</b>		
<b>Urination</b>	<input type="checkbox"/> Poly-U	<input type="checkbox"/> Normal	<input type="checkbox"/> Olig-U	<input type="checkbox"/> U/known	<b>Urine SG</b>					
<b>Dehydration</b>	<input type="checkbox"/> Severe	<input type="checkbox"/> Mod.	<input type="checkbox"/> Mild	<input type="checkbox"/> None	<b>Diet</b>					

**ADDITIONAL HISTORY**

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**SUBMITTING VETERINARY CLINIC**

STAMP

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**LEGEND**

	Sodium citrate collection tube		Impression smear
	Serum collection tube		Fine needle aspirate
	EDTA collection tube		Swab
	Brown top plain tube (No additives)		Water sample
	Sodium Fluoride collection tube		Milk sample
	Serum gel collection tube		Turn Around Time
	Heparin collection tube		24 hrs
	Formalin		Organ/ Tissue Fluid
	Faecal sample		Fluid
	Urine sample		Sheathwash
	Urine stones		Blood culture bottle

FOR OFFICE USE ONLY		
Date Received: _____	Initials: _____	Samples Submitted: _____

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