

# Equine Racing Submission Form



LAB NO.	
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LAB TECH INITIALS	
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CONTACT DETAILS	
IDEXX Laboratories South Africa:	+27 10 500 2080
Laboratory E-mail Address:	Lab-SA@idexx.com

DEMOGRAPHIC INFORMATION REQUIRED	
Vet Practice Name:	Tel No:
Email:	Fax No:
Referring Vet:	Copies Sent to:
Vet's Ref Number:	Date Collected:
Status:	<input type="checkbox"/> Stat <input type="checkbox"/> Routine

REPRESENTATIVE	
Name:	
Position:	
Signature:	
HORSE DETAILS (COMPLETE TABLE OVERLEAF)	
Number of horses submitted:	

SPECIMEN TYPE	<input type="checkbox"/> Blood <input type="checkbox"/> Swab <input type="checkbox"/> Other (Specify):
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Sample tubes must be marked with Patient identification and collection date. No responsibility will be taken for errors on unmarked sample tubes.

REASON FOR TESTING	<input type="checkbox"/> Diagnostic <input type="checkbox"/> Fitness/Routine <input type="checkbox"/> Other (Specify):
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CODE	BIOCHEMISTRY	SAMPLE
<input type="checkbox"/> NA1	Sodium*	
<input type="checkbox"/> KA	Potassium	
<input type="checkbox"/> BIC	Total CO <sub>2</sub> (Bicarbonate)	
<input type="checkbox"/> UREA	Urea	
<input type="checkbox"/> CREAT	Creatinine	
<input type="checkbox"/> TP	Total Serum Protein	
<input type="checkbox"/> ALB	Albumin	
<input type="checkbox"/> AST	Aspartate Transaminase (AST)	
<input type="checkbox"/> GGT	Gamma Glutamyl-Transferase (GGT)	
<input type="checkbox"/> CK1	Creatine Kinase (CK)	
<input type="checkbox"/> BILIT	Bilirubin Total	
<input type="checkbox"/> FIBB	Fibrinogen	
<input type="checkbox"/> SAA	Serum Amyloid A*	

CODE	HAEMATOLOGY	SAMPLE
<input type="checkbox"/> BLSE	Blood Smear Evaluation (by Pathologist)	
<input type="checkbox"/> FBC	Full/ Complete Blood Count	
CODE	PROFILES	SAMPLE
<input type="checkbox"/>	Own Profile	
<input type="checkbox"/> EQFIT	Equine Fitness Profile	
<input type="checkbox"/> EQGEN	Equine General Profile	
<input type="checkbox"/> EQMIN	Equine Minor Medical Profile	
CYTOLOGY		
Please use Cytology and Histology submission form.		

CODE	MICROBIOLOGY	SAMPLE
History is mandatory for Microbiology. Please fill in the Additional History section overleaf.		
<input type="checkbox"/> CUAE	Aerobic Bacterial Culture & Antibigram	
<input type="checkbox"/> CUAN	Aerobic & Anaerobic Bacterial Culture & Antibigram	
<input type="checkbox"/> CUBL	Blood Culture (Excl. Blood Culture Bottle)	
<input type="checkbox"/> CUEQ	Equine Prebreeding Culture	
<input type="checkbox"/> CUFU	Fungal Culture & Antibigram	

OTHER TESTS/HISTORY

SUBMITTING VETERINARY CLINIC	LEGEND	
STAMP	Sodium citrate collection tube	Impression smear
	Serum collection tube	Fine needle aspirate
Name: _____	EDTA collection tube	Swab
	Sodium Fluoride collection tube	Water sample
Signature: _____	Brown top plain tube (No additives)	Milk sample
Date: _____	Serum gel collection tube	TAT Turn Around Time
	Heparin collection tube	S/d 24 hrs
	Formalin	Organ/ Tissue
	Faecal sample	Fluid
	Urine sample	Sheathwash
	Urine stones	Blood culture bottle

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

ANIMAL IDENTIFICATION NUMBERS LISTED BELOW:

Animal ID	Lab Ref. No.	Animal ID	Lab Ref. No.
1		26	
2		27	
3		28	
4		29	
5		30	
6		31	
7		32	
8		33	
9		34	
10		35	
11		36	
12		37	
13		38	
14		39	
15		40	
16		41	
17		42	
18		43	
19		44	
20		45	
21		46	
22		47	
23		48	
24		49	
25		50	