Equine Racing Submission Form



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| DEMOGRAPHIC MEGRMATION REQUIRED Vet Practice Name: Tel No: Repetition with the second of the second | LAB NO. | | | | | | CONTACT DET | ALL C | | | | | |
| DEMOGRAPHIC INFORMATION REQUIRED Ved Practices Name: First First No: Postborn: Post No: Postborn: Signature: Postborn: Signature: Postborn: Signature: Postborn: P | | | | | | , 1 | | | . 162 | . 07.40.500.0000 | | | |
| Vet Practice Name: Fox No: Position: Signature: | | | | | | | | | | | | | |
| Email: Fax No: Copies Sent to: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Horse part is status: Stat | DEMOGRA | | REPRESENTATIVE | | | | | | | | | | |
| Referring Vet: | Vet Practic | e Name: | | | Name: | | | | | | | | |
| Vets Ref Number: Date Collected: Horse Details (COMPILETE TABLE OVERLEAT) | Email: | | | Fax No: | Fax No: | | | Position: | | | | | |
| Status: Stat Routine Number of horses submitted: SPECIMENTYPE Blood Swab Other (Specify): 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 Diagnostic Fitness/Routine Other (Specify): CODE BRICHEMISTRY SWATE SAMPLE Submitted Submit | Referring V | /et: | | Copies Se | nt to: | 1 | Signature: | | | | | | |
| SPECIMENTYE Blood Swab Other (Specify): 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 Diagnostic Fitness/Routine Other (Specify): GODE MIGROBIOLOGY SAMPLE NAME | Vet's Ref N | lumber: | | Date Collected: | | | HORSE DETAILS (COMPLETE TABLE OVERLEAF) | | | | | | |
| 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 Diagnostic Fitness:Routine Other (Specify): CODE BIOCHEMISTRY SAMPLE SUBSIDIARY SAMPLE ON Fitness:Routine Other (Specify): CODE BIOCHEMISTRY SAMPLE SUBSIDIARY SAMPLE SUBSECTION SAMPLE Fitness:Routine Other College Fitness:Routine Other College Fitness:Routine Other Fitnes | Status: | ☐ Stat | | ☐ Routin | ie . | | Number of horses submitted: | | | | | | |
| REASON FOR TESTING Diagnostic Fitness/Routine Other (Specify): CODE BIOCHEMISTRY SAMPLE NAT Sodium* APOILSSIUM 6 BIOC Tract CO, (Beachoulte) BIOC BIOC Sexum Protein BIOC Tract CO, (Beachoulte) BIOC BIOC Sexum Protein BIOC Tract CO, (Beachoulte) BIOC BIOC Sexum Protein BIOC Tract CO, (Beachoulte) BIOC BIOC Sexum Protein BIOC Sexum Revision Tract CO, (Beachoulte) BIOC BIOC BIOC Sexum Revision Tract CO, (Beachoulte) BIOC BIOC BIOC BIOC BIOC BIOC BIOC BIOC | SPECIMEN | SPECIMEN TYPE Blood | | | | | | | | | | | |
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| NA1 Sodium* | REASON FO | OR TESTING Diagnos | stic \square | Fitness/Ro | utine | cify | /): | | | | | | |
| NA Potassium | CODE | BIOCHEMISTRY | SAMPLE | CODE | HAEMATOLOGY | | SAMPLE | CODI | MIC | CROBIOLOGY | SAMPLE | | |
| File Full Complete Blood Count SMRPLE CALLE Aerobic Sactorial Culture & Arribbiogram CALLE | | | | ☐ BLSE | Blood Smear Evaluation (by Patholog | gist | t) 6 | Plea | | | | | |
| □ UREA Urea □ CREAT Creatinine □ CREAT Creatinine □ TP Total Serum Protein □ ALB Alburnin □ AST Aspartate Transaminase (AST) □ CK1 Creatine (CK) □ BLIST Billrobin Total □ REB Fibrinogan □ CK1 Creatine Kinase (CK) □ BLIST Billrobin Total □ SAA Serum Amyloid A* □ CHEAT STANDER (CK) □ CK1 Creatine Kinase (CK) □ BLIST Billrobin Total □ CK1 Creatine Kinase (CK) □ BLIST Billrobin Total □ CK1 Creatine Kinase (CK) □ SAA Serum Amyloid A* □ CHEAT STANDER (CK) □ CK1 Creatine Kinase (CK) □ BLIST Billrobin Total □ CK1 Creatine Kinase (CK) □ BLIST Billrobin Total □ CK1 Creatine Kinase (CK) □ SAA Serum Amyloid A* □ CHEAT STANDER (CK) □ CK1 Creatine Kinase (CK) □ BLIST Billrobin Total □ CK1 Creatine Kinase (CK) □ BLIST Billrobin Total □ CK1 Creatine Kinase (CK) □ BLIST Billrobin Total □ CK1 Creatine Kinase (CK) □ CK1 Creatine Kinase (CK) □ BLIST Billrobin Total □ CK1 Creatine Kinase (CK) | | | | | | | | | | - | | | |
| □ CREAT Creatinine □ TP Total Serum Protein □ TP Total Serum Protein □ AB Albumin □ AST Aspartate Transaminase (AST) □ GRI Garma Gaternap-Transferase (GST) □ GRI Garma Gaternap-Transferase (GST) □ SILT Billrubin Total □ RB Fibrinogen □ SAA Serum Amyloid A* □ SAA Serum Amyloid A* □ THER TESTS/HISTORY SUBMITTING VETERINARY CLINIC | | | | | | | SAMPLE | ☐ CUA | | | | | |
| As Abumin | ☐ CREAT | Creatinine | 6 | | | | 66 | | Rlor | | | | |
| □ AST Aspartate Transaminase (AST) □ Get Gamma Gutany-Flansferase (GGT) □ CK1 Creatine Kinase (CK) □ Bitt Billrubin Total □ SAA Serum Amyloid A* ■ OTHER TESTS/HISTORY SUBMITTING VETERINARY CLINIC | □ ТР | Total Serum Protein | 6 | ☐ EQGEN | Equine General Profile | | 666 | COE | (Exc | | U | | |
| GGT Camma Glutamy-Transferase (GGT) GKT Creatine Kinase (GK) BILIT Bilirubin Total SAA Serum Amyloid A* OTHER TESTS/HISTORY SUBMITTING VETERINARY CLINIC LEGEND SOdium citrate collection tube Sodium Citrate collection tube Sodium Citrate collection tube Sodium Fluoride collection tube Haparin collection tube Haparin collection tube Heparin collection tube Formalin Formali | | | | ☐ EQMIN | ' | | 66 | | | | | | |
| □ CK1 Creatine Kinase (CK) □ BUT Billirubin Total □ FIBS Fibrinogen □ SAA Serum Amyloid A* □ THER TESTS/HISTORY SUBMITTING VETERINARY CLINIC | | | | | | | | CUF | U Fun | gal Culture & Antibiogram | | | |
| □ SILIT Bilirubin Total 6 □ FBB Fibrinogen 66 □ SAA Serum Amyloid A* 6 OTHER TESTS/HISTORY SUBMITTING VETERINARY CLINIC | | | | Please | use Cytology and Histology sub | omi | ission form. | | | | | | |
| STAMP Sodium citrate collection tube Impression smear Fine needle aspirate Submitting Veterinary Clinic Sodium citrate collection tube Sodium Citrate c | | | | | | | | | | | | | |
| STAMP STAMP SIBMITTING VETERINARY CLINIC LEGEND SOdium citrate collection tube Serum collection tube EDTA collection tube Sodium Fluoride collection tube Form top plain tube (No additives) Formalin Feacal sample Urine sample Urine sample Urine stones FOR OFFICE USE ONLY | | Fibrinogen | 66 | | | | | | | | | | |
| SUBMITTING VETERINARY CLINIC SOdium citrate collection tube Serum collection tube EDTA collection tube Sodium Fluoride collection tube Sodium Fluoride collection tube Sodium Fluoride collection tube Sodium Fluoride collection tube Brown top plain tube (No additives) Serum gel collection tube Heparin collection tube Heparin collection tube Formalin Faecal sample Urine sample Urine stones For OFFICE USE ONLY | ☐ SAA | Serum Amyloid A* | 6 | | | | | | | | | | |
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