

# Microbiology Pathology 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

**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

**PATIENT DETAILS**

Name: \_\_\_\_\_  
 Owner Name and Surname: \_\_\_\_\_  
 Dog  Cat  Equine  Bovine  
 Avian  Other (specify) \_\_\_\_\_  
 Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_  
 Male  Neutered  Female  Spayed

**SPECIMEN TYPE**

Blood  Swab  Faeces  Skin  Organ  Urine  
 Other (Specify): \_\_\_\_\_

**COMMENTS**

Further comments/Treatment/Provisional diagnosis:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Note: Antibiograms come standard when pathogenic organisms are grown**

MATERIAL	EXAMINATION	EXAMINATION
<input type="checkbox"/> <b>Eye</b> (conjunctiva)	<input type="checkbox"/> CUAE Bacteriology, aerobic culture <input type="checkbox"/> CUFU Mycology, Yeasts & Fungi	
<input type="checkbox"/> <b>Trachea</b>	<input type="checkbox"/> CUAE Bacteriology, aerobic culture <input type="checkbox"/> CUFU Mycology, yeasts & fungi	fluid
<input type="checkbox"/> <b>Nasal</b>	<input type="checkbox"/> CUAE Bacteriology, aerobic culture <input type="checkbox"/> CUFU Mycology, yeasts & fungi	fluid
<input type="checkbox"/> <b>Ear</b>	<input type="checkbox"/> EARC Bacteriology, aerobic culture (yeasts included) <input type="checkbox"/> CUAN Bacteriology, aerobic & anaerobic culture (Otitis media) <input type="checkbox"/> CUFU Mycology, fungi	fluid
<input type="checkbox"/> <b>Genitals</b> (prostate, uterine etc.)	<input type="checkbox"/> CUEQ Mare Swab (Bacteriology - equine pre-breeding) <input type="checkbox"/> CUAE Bacteriology, aerobic culture <input type="checkbox"/> CUAN Bacteriology, aerobic & anaerobic culture (e.g. deep necrotic wound post partum) <input type="checkbox"/> CUFU Mycology, yeasts & fungi	fluid
<input type="checkbox"/> <b>Wound</b>	<input type="checkbox"/> CUAN Bacteriology, aerobic & anaerobic culture (e.g. deep wounds esp. bite wounds) <input type="checkbox"/> CUFU Mycology, yeasts & fungi	
<input type="checkbox"/> <b>Swab, skin</b>	<input type="checkbox"/> CUAE Bacteriology, aerobic culture <input type="checkbox"/> CUFU Mycology, yeasts & fungi (e.g. Malassezia sp.) (for dermatophytes please submit a skin scraping/biopsy)	
<input type="checkbox"/> <b>Swab, rectal/cloaca</b>	<input type="checkbox"/> CUAN Bacteriology, aerobic & anaerobic culture (enteropathogenic germs - see faeces) <input type="checkbox"/> CUFU Mycology, yeasts & fungi	
<input type="checkbox"/> <b>Swab, other</b> (please specify)	<input type="checkbox"/> CUAE Bacteriology, aerobic culture <input type="checkbox"/> CUAN Bacteriology, aerobic & anaerobic culture <input type="checkbox"/> CUFU Mycology, yeasts & fungi	

MATERIAL	EXAMINATION	EXAMINATION
<input type="checkbox"/> <b>Skin biopsy/scraping/ hair</b>	<input type="checkbox"/> CUAE Bacteriology, aerobic culture (take scraping before alcohol disinfection) <input type="checkbox"/> CUFU Mycology, yeasts & dermatophytes (take scraping before alcohol disinfection)	
<input type="checkbox"/> <b>Urine</b> <input type="checkbox"/> - Cystocentesis <input type="checkbox"/> - Catheter sample <input type="checkbox"/> - Free flow sample	<input type="checkbox"/> CUAE Bacteriology, aerobic culture including inhibition test <input type="checkbox"/> URINCUL Urinalysis, incl. culture	
<input type="checkbox"/> <b>Milk</b> <input type="checkbox"/> - right front <input type="checkbox"/> - left front <input type="checkbox"/> - right hind <input type="checkbox"/> - left hind <input type="checkbox"/> - pool sample	<input type="checkbox"/> CUAE Bacteriology, aerobic culture	
<input type="checkbox"/> <b>Aspirate</b> <input type="checkbox"/> - Joint <input type="checkbox"/> - Thoracic cavity <input type="checkbox"/> - Abdominal cavity <input type="checkbox"/> - Cerebrospinal <input type="checkbox"/> - Fluid (CSF) <input type="checkbox"/> - Other (please specify)	<input type="checkbox"/> CUAN Bacteriology, aerobic & anaerobic culture <input type="checkbox"/> CUFU Mycology, yeasts & fungi <input type="checkbox"/> Cytology	
<b>Cytology</b> Please complete the Cytology and Histology submission form.		
<input type="checkbox"/> <b>Blood culture</b> (special blood culture bottle on request)	<input type="checkbox"/> CUAN Bacteriology, aerobic & anaerobic culture <input type="checkbox"/> CUFU Mycology, yeasts & fungi	

For more material see next page

MATERIAL	EXAMINATION	
<input type="checkbox"/> <b>Faeces</b>	<b>Profiles</b> <input type="checkbox"/> CDIR Canine Diarrhoea Profile (small & large intestine) <input type="checkbox"/> INTP Intestinal Profile 1	 
	<b>PCR</b> <input type="checkbox"/> PARVPCR Canine Parvo Virus PCR* <input type="checkbox"/> CDPCR Clostridium Difficile Toxin A (DNA) PCR* <input type="checkbox"/> CDPCFB Clostridium Difficile Toxin B (DNA) PCR* <input type="checkbox"/> CPAPCR Clostridium Perfringens Alpha Toxin Gene (Dog, Cat) Quantitative PCR* <input type="checkbox"/> CPEPCR Clostridium Perfringens Entero Toxin Gene (Dog, Cat) Quantitative PCR* <input type="checkbox"/> DPCR Dermophytes (Dog, Cat) RT PCR (Microsporium spp., Trichophyton spp.)* etc.  <input type="checkbox"/> E.coli Toxin Typing PCR* <input type="checkbox"/> FDIRPCR Feline Diarrhoea Profile PCR* <input type="checkbox"/> PARFPCR Feline Parvo Virus PCR* <input type="checkbox"/> HELIPCR Helicobacter spp. (DNA) PCR*	 tissue tissue   Skin scraping, hair incl. root or tissue Culture Plate   Gastric biopsy
	<b>Bacteriology &amp; Mycology</b> <input type="checkbox"/> CUAN Bacteriology, aerobic & anaerobic - enteropathogenic germs (Clostridium perfringens, Campylobacter, Yersinia, E.coli & other species-specific pathogenic germs) <input type="checkbox"/> CUFU Mycology, yeasts	 
	<b>Enteropathogenic Virus</b> <input type="checkbox"/> Parvo Virus (Ag) SNAP Test	
	<input type="checkbox"/> <b>Other</b> (please specify) _____ <input type="checkbox"/> CUAE Bacteriology, aerobic culture <input type="checkbox"/> CUAN Bacteriology, aerobic & anaerobic culture <input type="checkbox"/> CUFU Mycology, yeasts & fungi	  
<input type="checkbox"/> <b>MRS-Screening</b>	<input type="checkbox"/> Methicillin Resistant Staphylococci	
<input type="checkbox"/> <b>Vaccine Production</b>	<input type="checkbox"/> Isolates referred for vaccine production (Courier/delivery fee will apply)	

\* Referral tests excl. courier/handling/service fee, where applicable

SUBMITTING VETERINARY CLINIC	LEGEND																						
<div style="border: 1px solid gray; padding: 20px; width: 100px; margin: 0 auto;">STAMP</div> Name: _____ Signature: _____ Date: _____	<table border="0"> <tr> <td> Sodium citrate collection tube</td> <td> Impression smear</td> </tr> <tr> <td> Serum collection tube</td> <td> Fine needle aspirate</td> </tr> <tr> <td> EDTA collection tube</td> <td> Swab</td> </tr> <tr> <td> Sodium Fluoride collection tube</td> <td> Water sample</td> </tr> <tr> <td> Brown top plain tube (No additives)</td> <td> Milk sample</td> </tr> <tr> <td> Serum gel collection tube</td> <td>TAT Turn Around Time</td> </tr> <tr> <td> Heparin collection tube</td> <td>S/d 24 hrs</td> </tr> <tr> <td> Formalin</td> <td> Organ/ Tissue</td> </tr> <tr> <td> Faecal sample</td> <td> Fluid</td> </tr> <tr> <td> Urine sample</td> <td> Sheathwash</td> </tr> <tr> <td> Urine stones</td> <td> Carcass</td> </tr> </table>	Sodium citrate collection tube	Impression smear	Serum collection tube	Fine needle aspirate	EDTA collection tube	Swab	Sodium Fluoride collection tube	Water sample	Brown top plain tube (No additives)	Milk sample	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	Carcass
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FOR OFFICE USE ONLY		
Date Received: _____	Initials: _____	Samples Submitted: _____