**FACULTY OF VETERINARY MEDICINE**
**VETERINARY LABORATORY SERVICES UNIT**

**DOCUMENT CODE: UPM/FPV/VLSU/BR014/SSR**

# SPECIMEN SUBMISSION & TEST REQUEST FORM

| **LABORATORY USE ONLY** | **Lab. Ref. No** | **Received** | |
|---|---|---|---|
| | | Date: | Time: |

**Patient/Specimen**

| Case No: | Patient ID: | Species: | Age: | Previous Lab No. (Repeat) |
|---|---|---|---|---|
| Owner: | | Breed: | Sex: | |

| **LABORATORY SERVICE(S) REQUESTED** | Clinical Pathology | Parasitology | Bacteriology | Histopathology | Virology | Post Mortem |
|---|---|---|---|---|---|---|
| | | | | | | |

Specimen (type):

Collection Method ( *if applicable*):

URGENT:
☐ YES
☐ NO

**Sample Collection**
Date:
Time:

**History/Findings/PM** - (*for biopsy specimen state: location, size, consistency, rate of growth & duration*):

**History:**

**Clinical Findings:**

**Tentative Diagnosis:**

**Clinician/Submitter**

I, hereby agree and will be responsible to pay charges for the services rendered by UPM

Name :
IC No. :
Tel :
Email :

Signature
(Clinician/Pathologist/Others)

Address (*if applicable*):

Student Name:
Tel:
Email:

Payment Method : ☐ UVH ☐ LO/PO ☐ Online Transfer ☐ Invoice ☐ Research Vot:

**Please Fill in PAGE 2 to Request Specific Test(s)**

**FACULTY OF VETERINARY MEDICINE**
**VETERINARY LABORATORY SERVICES UNIT**

**DOCUMENT CODE: UPM/FPV/VLSU/BR014/SSR**

# SPECIMEN SUBMISSION &TEST REQUEST FORM

| Case No. | Patient ID | Lab. Ref. No | Date | Time |
|---|---|---|---|---|
| | | | | |

***PLEASE MARK (√) THE TEST(S) REQUIRED***

## HAEMATOLOGY & CLINICAL BIOCHEMISTRY

**HAEMATOLOGY**
□ Complete Haemogram
(WBC, RBC, HGB, PLT, Diff. Count, PCV, Plasma Protein, Icterus Index

Individual Tests
□ PCV & Plasma Protein
□ Reticulocytes
□ Fibrinogen
□ Blood Smear Examination

**COAGULATION** (Citrated Blood)
□ APTT
□ PT

**MISCELLANEOUS**
□ Crossmatching
□ Others (*Please Specify*):

**BIOCHEMISTRY PANEL**
□ Large Animal Biochemistry Panel
□ Large Animal Liver Panel
□ Large Animal Renal Panel
□ Small Animal Biochemistry Panel
□ Small Animal Liver Panel
□ Small Animal Renal Panel
□ Total Protein Panel
□ Lipid Profile

**BIOCHEMISTRY (INDIVIDUAL TEST)**
□ Electrolytes (Na, K, Cl)
□ Calcium
□ Phosphate
□ Urea
□ Creatinine
□ Glucose
□ Cholesterol
□ Bilirubin, Total
□ Bilirubin, Conjugated
□ ALT
□ ALP
□ GGT
□ Amylase
□ AST
□ CK
□ LDH
□ Total Protein (Serum)
□ Albumin
□ Globulin
□ A:G
□ Triglyceride
□ Uric Acid
□ Lactate
□ Lipase
□ LDL
□ HDL
□ Others (*Please Specify*):

**URINALYSIS**
□ General Examination
(*Physical, Chemical, Microscopic*)
□ Bence Jones Protein

Method of collection:
□ Spontaneous Micturition
□ Catheterisation
□ Cystocentesis
□ Manual Compression

**CYTOLOGY**
Specimen details;
□ Site/Tissue:
□ FNA:
□ Fluid:
□ Impression Smear:
□ Wash:
□ CSF:
□ Others (*Please Specify*):

**FAECAL EXAMINATION**
□ General Examination
(*Physical, Chemical, Microscopic*)
□ Occult Blood
□ Trypsin

## PARASITOLOGY

□ Identification of Endo/Ectoparasites
□ Faecal Examination
- □ Direct Smear (with/without staining)
- □ Simple Floatation
- □ Sedimentation
- □ McMaster
- □ Larva Culture

□ Blood Examination for Protozoa and/or Heartworm
□ Examination/Identification/Enumeration of parasites
□ Others (*Please specify*):

## POST MORTEM

□ Post-mortem Examination
□ Others (*Please Specify*):

## HISTOPATHOLOGY

□ Tissue Processing & Staining
□ Biopsy Examination
□ Others (*Please Specify*):

## VIROLOGY

**PCR**
□ AIV
□ IBH
□ IBV
□ NDV
□ Others (*Please Specify*):

□ Egg Inoculation
□ Cell Culture
□ Identification Test
□ Serological Test
□ Avian Influenza Virus

## BACTERIOLOGY

□ Isolation & Identification
□ Serology
□ Others (*Please Specify*):

**Antibiotic Susceptibility Test:**

| | | | |
|---|---|---|---|
| □ Amoxycillin | □ Enrofloxacin | □ Neomycin | □ Streptomycin |
| □ Amox/Clauv | □ Erythromycin | □ Norfloxacin | □ Sulfazole/Trime |
| □ Ampicillin | □ Gentamycin | □ Doxycycline | □ Tetracycline |
| □ Cephalexin | □ Kanamycin | □ Penicillin G | □ Cefovecin |
| □ Chloramphenicol | □ Ceftriaxone | □ Polymixin B | □ Others (*Please Specify*): |

## LAB. USE ONLY

| | Y | N | | Y | N | | Y | N |
|---|---|---|---|---|---|---|---|---|
| Appropriate Specimen | ☐ | ☐ | Appropriate Test Method | ☐ | ☐ | Commencement of Work | ☐ | ☐ |
| Competent Personnel | ☐ | ☐ | Resources | ☐ | ☐ | | | |

Comment (if no):

Signature:

Faculty of Veterinary Medicine, Universiti Putra Malaysia, 43400 UPM Serdang, Selangor, D.E.
Website: www.vet.upm.edu.my



**Under Section 31, Animals Act 1953 (Revised-2006) (Act 647) VLSU is legally bound to report 23 notifiable diseases to the veterinary authority of Malaysia.**