



**GAUTENG & NORTHERN REGION**  
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REPORT DETAILS	OWNER DETAILS	ANIMAL INFORMATION
PRACTICE NAME: _____ REF VET NAME: _____ ACCOUNT NO: _____ <b>SAMPLE:</b> <input type="checkbox"/> URGENT <input type="checkbox"/> ROUTINE <b>RESULTS:</b> <input type="checkbox"/> EMAIL <input type="checkbox"/> FAX <input type="checkbox"/> PHONE	NAME + ADDRESS: _____ _____ PHONE: _____ FAX: _____ E-MAIL: _____	ANIMAL NAME: _____ SPECIE: <input type="checkbox"/> CANINE <input type="checkbox"/> FELINE <input type="checkbox"/> AVIARY BIRD <input type="checkbox"/> SMALL MAMMAL <input type="checkbox"/> REPTILE <input type="checkbox"/> FISH BREED: _____ AGE _____ GENDER <input type="checkbox"/> M <input type="checkbox"/> F COLLECTION DATE _____

## COMPANION ANIMAL PATHOLOGY SUBMISSION

**SAMPLES SUBMITTED**

<input type="checkbox"/> Post Mortem V4290	<input type="checkbox"/> Culture V4290	<input type="checkbox"/> Serology V4290	<input type="checkbox"/> Parasitology V4290	<input type="checkbox"/> Micronutrients V4290
<input type="checkbox"/> Histopathology V4290	<input type="checkbox"/> Cytology V4253	<input type="checkbox"/> PCR V4290	<input type="checkbox"/> Toxicology V4290	<input type="checkbox"/> Skin Lab V4290

**CLINICAL HISTORY**

<input type="checkbox"/> Unexplained death	<input type="checkbox"/> Infection	<input type="checkbox"/> Reproductive	<input type="checkbox"/> Circulatory	<input type="checkbox"/> Endo Parasitic
<input type="checkbox"/> Anorexia	<input type="checkbox"/> Tick Borne	<input type="checkbox"/> Neurological	<input type="checkbox"/> Ecto Parasitic	<input type="checkbox"/> Metabolic
<input type="checkbox"/> Nutritional	<input type="checkbox"/> Insect transmitted	<input type="checkbox"/> Alimentary	<input type="checkbox"/> Urinary	<input type="checkbox"/> Neonatal
<input type="checkbox"/> Multifactorial	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Mus-Skeletal/Cardiovascular	

**CLINICAL DETAILS**

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**POST MORTEM FINDINGS**

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**MICROBIOLOGY**  
**PUS, SWABS, TISSUES & ASPIRATES**

SOURCE:

V4290  AEROBIC CULTURE + SENSITIVITY  
 V4290  ANAEROBIC CULTURE + SENSITIVITY  
 V4290  BLOOD CULTURE + SENSITIVITY  
 V4290  FUNGAL CULTURE + SENSITIVITY

**CYTOLOGY**

V4253  SMEAR  
 V4253  ASPIRATE  
 V4253  FLUID ANALYSIS  
 V4253  IMPRESSION SMEAR  
 V4253  BONE MARROW

**TOXICOLOGY**

V4290  PESTICIDES  
 V4290  ALKALOIDS  
 V4290  HEAVY METALS  
 V4290  IONOPHORES  
 V4290  MYCOTOXINS  
 V4290  OTHER: SPECIFY \_\_\_\_\_

**PARASITOLOGY**

V4290  FEACAL FLOTATION  
 V4290  WORM ID  
 V4290  ECTOPARASITE ID

**SKIN LAB**

V4290  HISTOPATHOLOGY  
 V4253  CYTOLOGY  
 V4290  MICROBIOLOGY  
            Aerobic Culture + Sensitivity  
            Anaerobic / Aerobic + Sensitivity  
            Fungal Culture + Sensitivity

V4290  FOOD REACTION TEST  
 V4290  HESKA ALLERCEPT SEROLOGY  
 V4290  ASIT VACCINE ORDER

**PCR ANALYSIS**

V4290  EHRlichia CANIS  
 V4290  FELINE INFECTIOUS PERITONITIS  
 V4290  PBFD  
 V4290  MDR GENE  
 V4290  OTHER: SPECIFY \_\_\_\_\_

**SEROLOGY**  
**ANTIBODY + ANTIGEN**

V4290  FELINE LEUKEMIA ANTIGEN  
 V4290  FELINE IMMUNODEFICIENCY VIRUS (AB)  
 V4290  CANINE DISTEMPER ANTIGEN  
 V4290  OTHER: SPECIFY \_\_\_\_\_

**MICRONUTRIENT ANALYSIS**  
**MINERAL ANALYSIS LIVER**

V4290  Selenium  
 V4290  Copper  
 V4290  Iron  
 V4290  Zinc  
 V4290  Manganese