

REPORT DETAILS

OWNER DETAILS

ANIMAL INFORMATION

PRACTICE NAME: _____
REF VET NAME: _____
ACCOUNT NO: _____

SAMPLE:
 URGENT ROUTINE

RESULTS:
 EMAIL FAX PHONE

CLINICAL INFO: _____

NAME + ADDRESS: _____

PHONE: _____
FAX: _____
E-MAIL: _____

OWNERS/FARM NAME: _____
ANIMAL NAME/NO: _____
PARITY: _____
BREEDING/INSEMINATION DATE: _____
ABORTION DATE: _____
AGE: _____
BREED: _____
COLLECTION DATE: _____

* Required information. LANCET SORT CODE V4290

BOVINE ABORTION INVESTIGATION

Herd History

MORPHOMETRIC MEASUREMENTS FETUS

Crown-Rump length = _____
Fetal weight = _____
Thyroid weight = _____
Metacarpal length = _____
Metacarpal width = _____

RATIO'S FETUS

1. <u>Thyroid weight (g)</u>	as % =	REF! <0.03%
Fetal weight (g)		
2. <u>Metacarpal length</u>	=	>4.5
Metacarpal width		

PLACENTA

Complete Incomplete
Cotyledon diameter _____ cm Number of Cotyledons _____
Other abnormalities: _____

MICROBIOLOGY CHECKLIST

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Abomasal Fluid Placenta Aerobic Fungal
 Spleen (fresh) Lung/ Liver Anaerobic

VIROLOGY / PCR CHECKLIST

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Thoracic fluid Tritrichomonas
 Liver Campylobacter

HISTOPATHOLOGY CHECKLIST

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<input type="checkbox"/> Brain	<input type="checkbox"/> Heart
<input type="checkbox"/> Thyroid gland	<input type="checkbox"/> Spleen
<input type="checkbox"/> Adrenal gland	<input type="checkbox"/> Liver
<input type="checkbox"/> Thymus	<input type="checkbox"/> Abomasum
<input type="checkbox"/> Lung	<input type="checkbox"/> Kidney
<input type="checkbox"/> Skin (eyelid)	<input type="checkbox"/> Skeletal Muscle

WATER ANALYSIS

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Salinity Microbiology (TBC, TCC, E.coli)
 Hardness Nitrates
 pH Sulphates
 Toxic compounds (Specify:.....)

MICRONUTRIENT ANALYSIS

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MINERAL ANALYSIS LIVER

Selenium
 Copper
 Iron
 Zinc
 Manganese
 Chromium