



GAUTENG & NORTHERN REGION
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REPORT DETAILS	OWNER DETAILS	ANIMAL INFORMATION
PRACTICE NAME: _____ REF VET NAME: _____ ACCOUNT NO: _____ SAMPLE: <input type="checkbox"/> URGENT <input type="checkbox"/> ROUTINE RESULTS: <input type="checkbox"/> EMAIL <input type="checkbox"/> FAX <input type="checkbox"/> PHONE	NAME + ADDRESS: _____ _____ PHONE: _____ FAX: _____ E-MAIL: _____	FARM NAME: _____ SPECIE: <input type="checkbox"/> BOV <input type="checkbox"/> OV <input type="checkbox"/> CAP <input type="checkbox"/> POR <input type="checkbox"/> CAMELID <input type="checkbox"/> OTHER BREED: _____ AGE _____ GENDER <input type="checkbox"/> M <input type="checkbox"/> F COLLECTION DATE _____

LIVESTOCK 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"/> Water 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"/> Production Drop	<input type="checkbox"/> Neurological	<input type="checkbox"/> Ecto Parasitic
<input type="checkbox"/> Nutritional	<input type="checkbox"/> Insect transmitted	<input type="checkbox"/> Alimentary	<input type="checkbox"/> Urinary	<input type="checkbox"/> Metabolic
<input type="checkbox"/> Multifactorial	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Mus-Skeletal/Cardiovas	<input type="checkbox"/> Neonatal

Number at Risk <input style="width: 80%;" type="text"/>	Number Affected <input style="width: 80%;" type="text"/>	Number Dead <input style="width: 80%;" type="text"/>
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CLINICAL DETAILS

MICROBIOLOGY V4290

PUS, SWABS, TISSUES & ASPIRATES

SOURCE:

<input type="checkbox"/> AEROBIC CULTURE & SENSITIVITY	<input type="checkbox"/> BLOOD
<input type="checkbox"/> ANAEROBIC CULTURE	<input type="checkbox"/> MILK
<input type="checkbox"/> FUNGAL CULTURE	<input type="checkbox"/> CLOSTRIDIAL FAT

TOXICOLOGY V4290

<input type="checkbox"/> PESTICIDES
<input type="checkbox"/> ALKALOIDS
<input type="checkbox"/> HEAVY METALS
<input type="checkbox"/> IONOPHORES
<input type="checkbox"/> MYCOTOXINS
<input type="checkbox"/> OTHER: SPECIFY _____

FERTILITY V4290

<input type="checkbox"/> PREPUTIAL FLUID PCR
<input type="checkbox"/> TRICH <input type="checkbox"/> CAMPY
<input type="checkbox"/> SEMEN EVALUATION & BACTERIOLOGY
<input type="checkbox"/> SEMEN EVALUATION ONLY

PARASITOLOGY V4290

PRODUCTION ANIMAL

<input type="checkbox"/> FULL FLOTATION PANEL
<input type="checkbox"/> SHORT FLOTATION PANEL
<input type="checkbox"/> LARVAL CULTURE & ID

WATER ANALYSIS V4290

<input type="checkbox"/> SALINITY
<input type="checkbox"/> MICROBIOLOGY (TBC, TCC, E.COLI)
<input type="checkbox"/> HARDNESS
<input type="checkbox"/> NITRATES
<input type="checkbox"/> PH
<input type="checkbox"/> SULPHATES
<input type="checkbox"/> TOXIC COMPOUNDS
<input type="checkbox"/> (SPECIFY:.....)

PCR LARGE ANIMAL V4290

<input type="checkbox"/> BVDV
<input type="checkbox"/> BOVINE HERPES VIRUS
<input type="checkbox"/> MCF WA +SA
<input type="checkbox"/> MYCOPLASMA BOVIS
<input type="checkbox"/> OTHER: SPECIFY _____

LIVESTOCK SEROLOGY V4290

ANTIBODY

<input type="checkbox"/> EBL
<input type="checkbox"/> BVD
<input type="checkbox"/> IBR
<input type="checkbox"/> OTHER: SPECIFY _____

MICRONUTRIENT ANALYSIS V4290

MINERAL ANALYSIS LIVER

<input type="checkbox"/> Selenium
<input type="checkbox"/> Copper
<input type="checkbox"/> Iron
<input type="checkbox"/> Zinc
<input type="checkbox"/> Manganese
<input type="checkbox"/> Chromium