

Biochemistry/Haematology Submission Form

Client's name and address

Postcode

Address where animals kept, if different from above

Postcode

CPHH No.

CPHH No. grid

Veterinary practice

Clinician
 Your reference
 Local VLA centre **ABERYSTWYTH**

ANIMAL DETAILS

SPECIES

BREED

SEX Male Female Castrate Mixed Unknown

AGE *Delete as appropriate
 *Days/Weeks/Months/Years

Please complete age category box below

Neonatal (<1 week) Pre-weaned Post-weaned
 Adult Mixed Unknown

PURPOSE/HUSBANDRY Please enter the main enterprise under which the affected animals are kept

Organic production Yes No Not known

Cattle	Sheep	Pig	All classes	All classes	All classes
Calf rearer <input type="checkbox"/>	Hill <input type="checkbox"/>	Breeding <input type="checkbox"/>	Captive or zoo <input type="checkbox"/>	Dairy (small ruminant) <input type="checkbox"/>	Other farmed (eg. rabbit, fish, deer) <input type="checkbox"/>
Beef finisher <input type="checkbox"/>	Lowland <input type="checkbox"/>	Rearing <input type="checkbox"/>	Wild <input type="checkbox"/>	Unknown <input type="checkbox"/>	Pet <input type="checkbox"/>
Dairy <input type="checkbox"/>	Lamb finisher <input type="checkbox"/>	Finishing <input type="checkbox"/>	Fibre <input type="checkbox"/>		N/A <input type="checkbox"/>
Suckler <input type="checkbox"/>					

REASON FOR SUBMISSION

Diagnostic Is this the first sample from this case/outbreak Yes No Previous Lab. Refs _____

Monitoring Other (please state) _____

CLINICAL HISTORY

No. in herd/flock	No. in affected group	No. affected including dead	No. died

Duration of clinical signs

0-3 days Unknown
 4 days – 2 weeks N/A
 >2 weeks

HOUSING

Housed
 Outdoors
 Mixed
 Unknown

CLINICAL SIGNS

Please rank in order of importance e.g. 1 = main clinical sign

Abortion <input type="checkbox"/>	Malaise <input type="checkbox"/>	Musc/Skel – not lame <input type="checkbox"/>	Urinary <input type="checkbox"/>	N/A <input type="checkbox"/>
Repro – not abortion <input type="checkbox"/>	Diarrhoea <input type="checkbox"/>	Recumbent <input type="checkbox"/>	Nervous signs <input type="checkbox"/>	Other <input type="text"/>
Clinical mastitis <input type="checkbox"/>	GIT – not diarrhoea <input type="checkbox"/>	Found dead <input type="checkbox"/>	Eye disease <input type="checkbox"/>	
Sub-clinical mastitis <input type="checkbox"/>	Wasting/poor condition <input type="checkbox"/>	Respiratory <input type="checkbox"/>	Unknown <input type="checkbox"/>	
Milk drop <input type="checkbox"/>	Lameness <input type="checkbox"/>	Skin <input type="checkbox"/>	Healthy <input type="checkbox"/>	

Written clinical history – include management details, diet, dates of illness/deaths, treatments, vaccination status, etc.

Written clinical history text area

TYPE AND NUMBER OF SAMPLES

Date sample(s) taken

Sample type and date text area

VLA Ref. No.

Date received

Test Submission Form

- Enter tests required using boxes below.
- The list is not comprehensive – for details of other tests please refer to current price list

Animal and Sample Identification Please use the Ancillary Submission Form for additional animal/sample identification

Official animal ID	Sample ID	Animal notes e.g. lactation #, condition score, milk yield, calving date

Biochemistry profiles

- | | | | |
|--|---|--|--|
| General..... <input type="checkbox"/> | Trace element..... <input type="checkbox"/> | Fatty liver <input type="checkbox"/> | Ewe metabolic <input type="checkbox"/> |
| Basic production <input type="checkbox"/> | Fertility..... <input type="checkbox"/> | Downer cow <input type="checkbox"/> | |
| Extended ruminant <input type="checkbox"/> | Liver function <input type="checkbox"/> | Myopathy <input type="checkbox"/> | |

- | | | | | | |
|--|--|--|---|--|--|
| Albumin..... <input type="checkbox"/> | Calcium <input type="checkbox"/> | GLDH..... <input type="checkbox"/> | LDH <input type="checkbox"/> | Phosphorous.... <input type="checkbox"/> | Vit A..... <input type="checkbox"/> |
| Alk P..... <input type="checkbox"/> | Chloride..... <input type="checkbox"/> | Globulin..... <input type="checkbox"/> | Lead <input type="checkbox"/> | Potassium <input type="checkbox"/> | Vit B ₁₂ <input type="checkbox"/> |
| ALT <input type="checkbox"/> | Cholesterol <input type="checkbox"/> | (calculated) | Magnesium..... <input type="checkbox"/> | Sodium..... <input type="checkbox"/> | Vit E..... <input type="checkbox"/> |
| AST..... <input type="checkbox"/> | Cholinesterase . <input type="checkbox"/> | Glucose <input type="checkbox"/> | Manganese..... <input type="checkbox"/> | T4-Thyroxine.... <input type="checkbox"/> | Zinc <input type="checkbox"/> |
| BHB <input type="checkbox"/> | Copper <input type="checkbox"/> | GSH-Px <input type="checkbox"/> | Met-Hb..... <input type="checkbox"/> | T Protein <input type="checkbox"/> | ZST <input type="checkbox"/> |
| Bicarbonate <input type="checkbox"/> | CPK <input type="checkbox"/> | Haptoglobin..... <input type="checkbox"/> | NEFA..... <input type="checkbox"/> | Triglycerides <input type="checkbox"/> | (gammaglobulin) |
| Bile acid..... <input type="checkbox"/> | Creatinine..... <input type="checkbox"/> | PII (Iodine)..... <input type="checkbox"/> | Nitrate <input type="checkbox"/> | Urea <input type="checkbox"/> | |
| Bilirubin <input type="checkbox"/> | GGT..... <input type="checkbox"/> | Iron..... <input type="checkbox"/> | Pepsinogen <input type="checkbox"/> | Uric Acid..... <input type="checkbox"/> | |

Haematology

- Full haem with diff + platelets
- Haem screen no diff (Hb, PCV, RBC, WBC, MCV, MCH, MCHC, Plts)
- Total and diff WBC
- Fibrinogen
- Haemoparasites , please specify _____

Tissue analysis

Copper, zinc, iron, manganese, cadmium, arsenic, selenium, vit B12, bone ash/Ca, Mg, PO₄ vit A, vit E, thyroid iodine, bone fluoride

Please list tissue and Element(s) required

Any other tests required

VLA 4 (Rev. 5/07)

Data Protection Act 1998: In addition to reporting the results back to the people named on this form, we may also use the data provided and the results produced for other purposes. Please see the data protection statement in our Price List or on our website www.vla.gov.uk/aboutus/aboutus-data-protection.htm

Please tick box if samples cannot be used for anonymous surveillance or test validation purposes