

REGIONAL LABORATORY SERVICES

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TEST REQUEST /SAMPLE DETAILS FORM

Submitter:
Sender contact person:
Address:
.....
Phone: Fax:
email:

Owner / Sender Reference:
Property ID Code (PIC): _ _ _ _ _
Address:
Phone: Fax:

Sample ID: 1 2 3 See over
Collection date:.....Collection time:.....
Species: Breed: Age:

Samples Sent:
 Plain Blood/ Serum..... Eye Fluids..... Water
 EDTA Blood/ Plasma..... Tissues..... Soils
 Li Hep Blood/ Plasma..... Urine..... Pastures/ Feeds
 Other Bloods..... Milk..... Faeces
 Blood Smear..... Other.....

Clinical Notes / Relevant History:
Provisional Diagnosis:
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Sample Shipping / Reporting Details:
Date sent: Signature:
Courier: Con. Note #:
Additional reports to be sent to:

Laboratory Use Only
Lab.No:
Date in:
Time in:
LAS Entry:

TEST REQUESTS
Animal Health Testing
Biochemistry
 Ruminant General Profile
 Ruminant Liver Profile
 Ruminant Downer Profile
 Eye Fluid Profile
 Ruminant Parasite Profile
 Ruminant Illthrift Profile
 Blood Trace Mineral Profile
 Liver Trace Mineral Profile
 Ruminant Mineral Plus Profile
 Canine General Profile
 Equine General Profile
 Equine Racing Profile
 Feline General Profile
 Electrolytes Profile
 Other Biochem. Tests (specify)
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.....
Haematology
 Full Haemogram
 Minigram
 Other (specify).....
.....
Parasitology
 Individual Faecal Egg Count
 Bulk Faecal Egg Count
 Drench Check
 Other (specify).....
.....
Other Animal Health Testing
 (specify)
.....
Water Testing
 Livestock Chem. Package
 Basic Water Chem. Package
 General Water Chem. Package
 E.coli / Coliforms
 Other (specify).....
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Feed / Soil Testing
 Feed Minerals + N
 Feed Minerals + N + Se
 Other (specify).....
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