Text

Description automatically generated

Easter Bush Pathology

# MICROBIOLOGY Request Form

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Veterinary Practice**  **Clinician’s Name** | |  | | | | | | | **Date**  **Time** | |  | | | | |
| **Animal’s name**  + I.D. number, if available | |  | | | **Owner’s name** | | |  | | | | | | | |
| **Species** |  | | **Breed** |  | | | **Sex** |  | | | **D.O.B.** | | |  | |
| **Specimens** | |  | | | | | | | | | | | | | |
| **Sampling technique used** (urine + other sterile areas) | |  | | | | | | | | | | | | | |
| **Duration of illness** | |  | | | | **Severity** | | | | + | | ++ | +++ | | ++++ |
| **Antimicrobials given** | |  | | | | | | | | | | | | | |
| **Specific requests** | |  | | | | | | | | | | | | | |
| **History/Clinical signs** | |  | | | | | | | | | | | | | |

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| FOR LABORATORY USE ONLY: | | | | |
| C/S  ☐ | FAECES SCREEN  ☐ | FAECES (SALMONELLA ONLY)  ☐ | BLOOD CULTURE  ☐ | MICROSCOPY ONLY  ☐ |
| QUANTITATIVE MICRO  ☐ | CLOSTRIDIAL TOXIN TEST  ☐ | MYCOLOGY  ☐ | BACT + MYCO  ☐ |  |