

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☐ |  |