



## MICROBIOLOGY REQUEST FORM

Veterinary Practice Clinician's Name						Date Time		
Animal's name <small>+ I.D. number, if available</small>				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								
FOR LABORATORY USE ONLY:								
C/S <input type="checkbox"/>	FAECES SCREEN <input type="checkbox"/>	FAECES (SALMONELLA ONLY) <input type="checkbox"/>	BLOOD CULTURE <input type="checkbox"/>	MICROSCOPY ONLY <input type="checkbox"/>				
QUANTITATIVE MICRO <input type="checkbox"/>	CLOSTRIDIAL TOXIN TEST <input type="checkbox"/>	MYCOLOGY <input type="checkbox"/>	BACT + MYCO <input type="checkbox"/>					