



MICROBIOLOGY REQUEST FORM

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								

PLEASE SELECT THE RELEVANT TEST(S) BELOW:

BACTERIAL CULTURE &
SENSITIVITY

FAECAL SCREEN (CAMPYLOBACTER SP,
YERSINIA SP, SALMONELLA SP)

BLOOD CULTURE

MICROSCOPY ONLY

QUANTITATIVE MICRO

COMBINED BACTERIAL (INC SENSITIVITY)
AND MYCOLOGICAL CULTURE

MYCOLOGY

OTHER PLEASE SPECIFY/CONTACT EBP ENQUIRES
FOR FURTHER INFORMATION

Consent for retention of samples on behalf of owner:

The owner agrees the above samples submitted from the named animal described above will be the property of the University of Edinburgh and may be shared with third parties and used for teaching and/or research purposes by the University of Edinburgh and its collaborators (whether academic or non-academic). The University may choose to commercialise the results of any such research.

YES NO Signature _____