



MICROBIOLOGY REQUEST FORM

Veterinary Practice Clinician's Name					Date Time			
E-mail address (for sending report)								
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 <input type="checkbox"/>	FAECAL SCREEN (CAMPYLOBACTER SP, YERSINIA SP, SALMONELLA SP) <input type="checkbox"/>	BLOOD CULTURE <input type="checkbox"/>	MICROSCOPY ONLY <input type="checkbox"/>
QUANTITATIVE MICRO <input type="checkbox"/>	COMBINED BACTERIAL (INC SENSITIVITY) AND MYCOLOGICAL CULTURE <input type="checkbox"/>	MYCOLOGY <input type="checkbox"/>	OTHER PLEASE SPECIFY/CONTACT EBP ENQUIRES FOR FURTHER INFORMATION <input type="checkbox"/> _____

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 _____