

# LABORATORY REQUEST FORM



**THE DONKEY  
SANCTUARY**

(For use ONLY by Veterinary Surgeons)

Date sample received (lab use)

**Please complete the information below as required.**

Submitting Vet Surgeon

Referring Practice

Address

Eircode

Email

Telephone

Donkey's Name

Sex

Donkey's Age

Date sample collected

**Please provide ownership details by completing the appropriate box below where possible:**

Owner's/Guardian's Name

Address

## TEST REQUIRED AND SAMPLE REQUIRED

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Haematology ( <b>EDTA</b> )        | <input type="checkbox"/> Glucose ( <b>Fluoride/oxalate</b> )  | <input type="checkbox"/> Tapeworm egg count ( <b>9g</b> )        |
| <input type="checkbox"/> Biochemistry ( <b>Plain Tube</b> ) | <input type="checkbox"/> Fibrinogen ( <b>Sodium Citrate</b> ) | <input type="checkbox"/> Lungworm Larvae count (25g)             |
| <input type="checkbox"/> Strongyle egg count (9g)           | <input type="checkbox"/> Liver Fluke egg count ( <b>3g</b> )  | <input type="checkbox"/> Other ( <b>please call to discuss</b> ) |

If facilities are available please centrifuge the clotted sample (once fully clotted and separated) and send the serum only for biochemistry (plain tube).

History/Clinical Signs