MICROBIOLOGY

SUBMISSION FORM

Sample code _____ [laboratory staff only]

Date receipt _____ [laboratory staff only]

CLINIC

Name _____ [mandatory]

Dr. _____ [mandatory]

E-mail _____ [mandatory]

OWNER

Name _____ [mandatory]

Phone _____

E-mail _____

PATIENT

Name _____

Breed _____

Age _____ [mandatory]

Sex [mandatory] ☐ female ☐ male

Hormonal status ☐ unsterilised ☐ sterilised

Species [mandatory] ☐ dog ☐ cat ☐ rodent ☐ other _____

SAMPLE INFORMATION

Sampling date _____ [mandatory]

Sample type _____ [mandatory]

HISTORY, TREATMENT AND CLINICAL DIAGNOSIS/ SUSPICION

Requested antibiotics

REQUESTED TESTS

- ☐ Bacteriology (aerobic culture), antibiogram included (result within 3-5 days*)
- ☐ Bacteriology (aerobic culture) - ear sample + direct microscopy for Malassezia, antibiogram included
- ☐ Bacteriology (anaerobic culture), antibiogram included (result within 5-7 days*)
- ☐ Bacteriology Campylobacter SP, antibiogram included (result within 5-7 days*)
- ☐ Micology - skin sample (result within 10-14 days*)
- ☐ Micology - other type of sample (result within 5-6 days*)
- ☐ Antifungigram (result within 5-6 days*)
- ☐ Micology - direct smear (result within 1-2 days*)
- ☐ Extended stool culture (aerobs, anaerobs, Campylobacter) (result within 7 days*)

Veterinarian signature/stamp [mandatory]

IMPORTANT

*The release of a report may be influenced by legal holidays, schedule changes, maintenance protocols.

Non-compliant samples and samples that are accompanied by incomplete submission forms will be rejected.

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