NEWMARKET EQUINE HOSPITAL LABORATORY
CAMBRIDGE ROAD
NEWMARKET
CB80FG
Tel: 01638782050
Email: lab@neh.uk.com

Microbiology and Serology Request Form

Veterinary Surgeon:	**Horse**:	**Sample(s) provided:**
Practice:	**Owner:**	☐ Faeces ☐ Urine
Tel:	**Breed**:	☐ Fluid*
Fax:	**Age**:	☐ Swab*
Email:	**Date of Sample**:	☐ Skin scrape/hair pluck
Report Results via: Fax ☐ Email ☐		*Site_____

History and Clinical Signs:

Interpretation requested ☐

Pre-Breeding Certification (BEVA Laboratory Registration Scheme Approved)				
CEM (Taylorella / Klebsiella / Pseudomonas)	Mare Clitoral	Culture ☐	PCR ☐	
	Mare Endometrial	Culture ☐	PCR ☐	Cytology ☐
	Stallion (3 Sites)	Culture ☐	PCR ☐	
	Stallion (4 Sites)	Culture ☐	PCR ☐	
EVA Serology ☐				
EIA Serology ☐				

Fluid Analysis / Cytology			**+ Bacterial C&S**
	Tracheal wash	☐	☐
EDTA sample Plain/serum sample for culture	Synovial fluid	☐	☐
	Peritoneal fluid	☐	☐
	Pleural Fluid	☐	☐

Respiratory PCR			
Plain NP swab in PBS	EHV-1	☐	+ Bacterial C&S ☐
	EHV-4	☐	
	Equine influenza	☐	
	Strep equi. subsp equi	☐	

General	
Bacterial culture and sensitivity	☐
Fungal culture	☐

Urine	
Urinalysis	☐
+ Bacterial C&S	☐

Faeces	
Faecal Culture	☐
Rotavirus Rotavirus A ☐ Rotavirus B ☐	☐
Faecal Worm Egg Count	☐

Other Tests:

FOR LAB USE Date rec: Lab no: Samples rec: