



CANINE TESTS

Date Sent:		Case Vet:	
Practice Name & Address:		Animal Name:	
		Owner Name:	
Tel:		Biobest Ref:	
Fax:		Preferred Reporting Method:	Fax: Email:
Email:			

Clinical History:	
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Antibody assays (requiring serum or plasma)		PCR (sample type as indicated)	
<input type="checkbox"/>	Distemper virus VNT	<input type="checkbox"/>	Leptospirosis PCR (urine, tissue, EDTA blood)
<input type="checkbox"/>	Adenovirus VNT	<input type="checkbox"/>	Parvovirus PCR (faeces or tissue)
<input type="checkbox"/>	Parvovirus HAI	<input type="checkbox"/>	Distemper PCR (CSF, EDTA blood, Urine or swab)
<input type="checkbox"/>	Toxoplasma IFA (IgG & IgM)	<input type="checkbox"/>	SARS-CoV-2 PCR (swab)
<input type="checkbox"/>	Neospora IFA	Virus Isolation (Choose one of) (sample type as indicated)	
<input type="checkbox"/>	Parainfluenza VNT	<input type="checkbox"/>	Adenovirus (swab in transport medium)
<input type="checkbox"/>	Herpesvirus VNT	<input type="checkbox"/>	Herpesvirus (swab in transport medium or tissue)
<input type="checkbox"/>	Leptospirosis IFA (Detects all pathogenic serovars)	<input type="checkbox"/>	Parainfluenza (swab in transport medium)
<input type="checkbox"/>	Pre-Booster Immunity Check (Distemper Virus, Adenovirus and Parvovirus)	<input type="checkbox"/>	CPSE (Prostate Hyperplasia) (serum or plasma)

Biobest Use Only			
Date of receipt:		Form no:	
No. of samples:		Rep:	Invoice:
Booked in:		QC:	Vet:
		Fax:	Date report faxed:

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