



مرکز تشخیصی دامپزشکی تهران آزما (شعبه آزمایشگاه)

نام و نام خانوادگی صاحب حیوان: نام پت: سن جنسیت
 نام کلینیک: نام دکتر: شماره موبایل برای ارسال جواب تست:
 تاریخچه و علائم بالینی:

Biochemical values		26 parameters panels	Hematology
Glucose	<input type="checkbox"/> AST	<input type="checkbox"/> FBS, Chol, TG, Alb, T.P, Glo, A/G, Urea, BUN, Scr, Ca, Phos, AST, ALT, ALP, GGT, CPK, Amy, Lip, T.B, D.B, Na, K, Cl	CBC (WBC, RBC, Hgb, HCT, MCV, MCH) <input type="checkbox"/>
Cholesterol	<input type="checkbox"/> ALT	16 parameters panels	Haemopar <input type="checkbox"/>
triglyceride	<input type="checkbox"/> ALP	<input type="checkbox"/> FBS, Chol, TG, Alb, T.P, Glo, A/G, Urea, BUN, Scr, Ca, Phos, AST, ALT, ALP, GGT, T.B	Vital Staining (Reticulocytes) <input type="checkbox"/>
Albumin	<input type="checkbox"/> GGT	13 parameters panels	CRP <input type="checkbox"/>
Total protein	<input type="checkbox"/> CPK	<input type="checkbox"/> FBS, Chol, TG, Alb, T.P, Glo, A/G, Urea, BUN, Scr, Ca, Phos, AST, ALT	ESR <input type="checkbox"/>
Globulin	<input type="checkbox"/> Amylase	10 parameters panels	
A/G	<input type="checkbox"/> Lipase	<input type="checkbox"/> FBS, Chol, TG, Alb, T.P, Glo, A/G, Urea, BUN, Scr, AST, ALT	Coagulation
Urea	<input type="checkbox"/> LDH	kidney parameters panels	PT <input type="checkbox"/>
BUN	<input type="checkbox"/> Total Billirubin	<input type="checkbox"/> FBS, Chol, Alb, Urea, BUN, Scr, Ca, Phos, Amy, Na, K, Cl	PTT <input type="checkbox"/>
Creatinine	<input type="checkbox"/> Direct Billirubin	Liver parameters panels	
Uric acid	<input type="checkbox"/> Indirect Billirubi	<input type="checkbox"/> FBS, Chol, TG, Alb, T.P, Glo, Urea, BUN, AST, ALT, ALP, GGT, T.B, D.B	Hormones
Calcium	<input type="checkbox"/> Na	Pancrease parameters panels	Thyroid test Adrenal
Phosphorus	<input type="checkbox"/> K	<input type="checkbox"/> FBS, Chol, Alb, Urea, BUN, Scr, AST, ALT, ALP, GGT, Amy, Lip, T.B, D.B	T4 <input type="checkbox"/> Serum cortisol <input type="checkbox"/>
Mg	<input type="checkbox"/> CL	Diabetic parameters panels	ft4 <input type="checkbox"/> Urine cortisol <input type="checkbox"/>
Fe	<input type="checkbox"/> Na/K ratio	<input type="checkbox"/> FBS, Chol, TG, AST, ALT, ALP, GGT, T.B, D.B, HgA1C	T3 <input type="checkbox"/> UCCR <input type="checkbox"/>
TIBC	<input type="checkbox"/> HgA1c	Endocrine parameters panels	TSH <input type="checkbox"/> LDDs <input type="checkbox"/>
CRP	<input type="checkbox"/>	<input type="checkbox"/> FBS, Chol, TG, AST, ALT, ALP, GGT, CPK, Amy, Lip, T.B, D.B, HgbA1C	HDDs <input type="checkbox"/>
Fluid analysis		Urinalysis	Stool examination (S/E)
Cytology of cells have been performed in Fluid analysis	<input type="checkbox"/>		<input type="checkbox"/>
Rivalta test	<input type="checkbox"/>	U/A <input type="checkbox"/>	Occult blood test <input type="checkbox"/>
Please note the aspiration site:		U/C <input type="checkbox"/>	
		UPC <input type="checkbox"/>	Direct examination
		UCCR <input type="checkbox"/>	Skin scraping test (mite) <input type="checkbox"/>
Microbial culture			Evaluation of ear discharge <input type="checkbox"/>
Bacterial culture <input type="checkbox"/>	Fungal Culture <input type="checkbox"/>		Direct examination for fungi <input type="checkbox"/>
Gram Staining <input type="checkbox"/>			
Cytology	Pathology	PCR	
Vaginal smear <input type="checkbox"/>	Specimen and history:	FIV <input type="checkbox"/> CDV (Distemper) <input type="checkbox"/>	
FNA <input type="checkbox"/>		FIP <input type="checkbox"/> Parvovirus <input type="checkbox"/>	
Specimen and history:		FeLV <input type="checkbox"/> Dirofilaria <input type="checkbox"/>	
		FPV <input type="checkbox"/> Brucella <input type="checkbox"/>	
		Toxoplasma <input type="checkbox"/> Erhlichia <input type="checkbox"/>	
		Mycoplasma <input type="checkbox"/> Leptospira <input type="checkbox"/>	
		Babesia <input type="checkbox"/> Trypanosoma <input type="checkbox"/>	
		Theileria <input type="checkbox"/> Haemobartonella <input type="checkbox"/>	
Rabies Titre	Serology	PBFD <input type="checkbox"/> ICH <input type="checkbox"/>	
Iran <input type="checkbox"/>	Toxo IgM <input type="checkbox"/>	Bird gender <input type="checkbox"/> Leishmania <input type="checkbox"/>	
U.S <input type="checkbox"/>	Toxo IgG <input type="checkbox"/>	Anaplasma <input type="checkbox"/>	
Europe <input type="checkbox"/>			