

All fields must be completed for free-of-charge samples to be processed

CP: SN: Cost: \$ (ex. GST)

Specimen/s:

(Specify page bottom)

Collection date: / / 20

Carer Group Research Zoo Collection

Research AC.....

Captive screen: Routine Pre-export New to collection

Wild screen: In care Pre-release Research

Pre-treatment

Post-mortem

Post-treatment

Signs of clinical disease

No signs of disease

Ocular

Urogenital

Other (specify).....

KOALA PROFILES

KOALA CHLAMYDIA PCR (Ocular and urogenital swabs)

FBC

PROFILE KOALA (Biochem)

LATERAL FLOW - screening test (Crypto antigen)

FUNGAL CULTURE (Crypto)

Koala ID:

Age: Sex:

Owner (Name of care group/ zoo/ researcher and associated wild population):

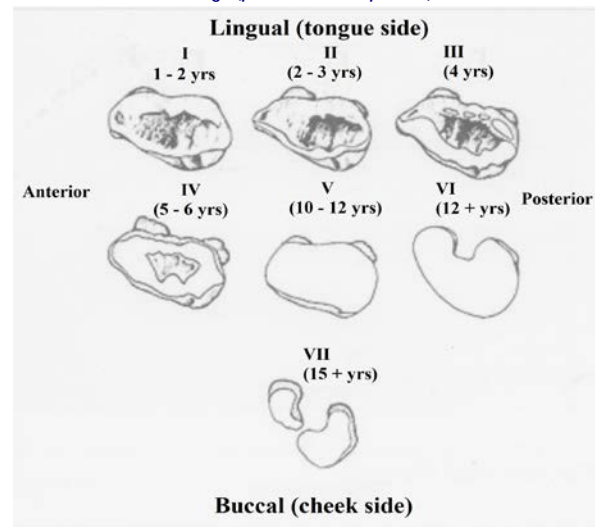
Samples submitted by (clinic/pathology lab):

Email:

Telephone:

Clinician: Signature:

Circle Estimated Age (pre-molar wear pattern)



Samples submitted by Wednesday 4pm will be reported by Friday 4pm.

By submitting these samples I acknowledge that samples and data arising from those samples shall remain the property of The University of Sydney, and give consent for the samples and any data arising to be archived and used for educational and research purposes, providing confidentiality is assured.

If you do not wish this to be the case, please indicate here _____ or contact damien.higgins@sydney.edu.au :

Summarise relevant historical, clinical, imaging and/or treatment findings:

Suspected diagnoses:

SAMPLE/S SUBMITTED (Tick & quantity if multiple)	TISSUE: <input type="checkbox"/> Formalin <input type="checkbox"/> Fresh	BLOOD: <input type="checkbox"/> EDTA <input type="checkbox"/> Citrate <input type="checkbox"/> Fluorite oxalate <input type="checkbox"/> Lithium heparin <input type="checkbox"/> Serum/clot <input type="checkbox"/> Serum/gel
URINE: <input type="checkbox"/> Voided <input type="checkbox"/> Cystocentesis <input type="checkbox"/> Catheterisation <input type="checkbox"/> Unspecified <input type="checkbox"/> Quantity	SMEARS/SLIDES: <input type="checkbox"/> Blood <input type="checkbox"/> Other	
SWAB: <input type="checkbox"/> Gel <input type="checkbox"/> Dry	CULTURE: <input type="checkbox"/> Blood culture bottle	LABORATORY BIOHAZARD RISK: FLUID: <input type="checkbox"/> EDTA <input type="checkbox"/> FAECES: <input type="checkbox"/> Fresh