

OPTIGROW PLUS SUBMISSION FORM



Vet:	Date:
Practice:	Animal Name/ID:
Owner:	
Address:	Age:
	Sex:
Reference:	Previous Case No:
SPECIES (PLEASE CIRCLE): Bovine Equine Ovine Caprine Cervine Other	
Breed:	



NEW ZEALAND VETERINARY PATHOLOGY LTD
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 0800 838 522
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 Fax: 07 839 1471

IVABS Building, 1st Floor
 Massey University, Tennent Dr
 PO Box 325
 Palmerston North 4440
 Phone: 06 353 3983
 Fax: 06 353 3986



Hill Laboratories
 BETTER TESTING BETTER RESULTS

TRACE ELEMENT PROFILES

- Fx Serum
- Plasma (heparin)
- Cu Serum
- Plasma (heparin)
- GPx (EDTA)
- Serum Se
- Se (EDTA)
- B12
- Magnesium
- GGT
- BOH Butyrate
- NEFA
- T4 (Thyroxine)
- Pepsinogen
- Calcium
- Zinc

LIVER

- Cu
- Se
- B12
- Zinc

PASTURE SAMPLES

- Optigrow Profile
- (SpPast)
- ADMB

OPTIGROW PLUS PACKAGE SUBMISSION

Please tick here if liver is to come from works

CLINICAL PARTICULARS

HILLS LABORATORIES USE ONLY:

Customer Name:

New Zealand Veterinary Pathology

Address:

Crn Thackeray & Angelsea Sts
 PO Box 944
 HAMILTON

Ph: (07) 8391470 Fax: (07) 8391471

Client Reference: _____

Quote No. **#41923**

Order No. _____

Date Sampled _____

Sample Identification	Crop Grown (e.g. Pasture, Dairy)	Spring Pasture (SpPast)	ADMB	Lab#

Animal Dietary Mineral Balance Details (ADMB)	Animal Species	Liveweight	Calving Date	Daily Intake	

