CÓDIGO DE REGISTRO:\_\_\_\_\_\_

CLIENTE: HV/UFG ( )Externo ( ) (Preenchimento exclusivo do Laboratório)

# UNIVERSIDADE FEDERAL DE GOIÁS

# C:\Users\evz\Dropbox\LOGO LADOPAR\LADOPAR Preto.png ESCOLA DE VETERINÁRIA E ZOOTECNIA

# DEPARTAMENTO DE MEDICINA VETERINÁRIA

# SETOR DE MEDICINA VETERINÁRIA PREVENTIVA

LABORATÓRIO DE DIAGNÓSTICO DE DOENÇAS PARASITÁRIAS

**FICHA PARA REQUISIÇÃO DE EXAMES NO LABORATÓRIO DE DIAGNÓSTICO DE DOENÇAS PARASITÁRIAS - LADOPAR**

**DADOS DO PROPRIETÁRIO**

Nome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Endereço:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telefone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DADOS DO ANIMAL**

Nome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Espécie:\_\_\_\_\_\_\_\_\_\_\_\_ Idade:\_\_\_\_\_\_\_\_\_\_ Sexo:\_\_\_\_\_\_\_\_\_\_\_ Raça:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Animal vacinado? ( )Sim ( )Não

Qual(is) vacina(s)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DADOS DA PROPRIEDADE**

Nome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Município:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Número de animais:\_\_\_\_\_\_\_\_\_\_\_ Espécie: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tipo de exploração:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DADOS DA AMOSTRA**

# Responsável pela coleta:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Data da coleta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Horário da coleta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Data do envio:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Horário da envio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tipo de Amostra (sangue total, soro, tecido, swab, fezes, outros):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SERVIÇOS SOLICITADOS**:

|  |  |
| --- | --- |
| **Descrição** | **Quantidade** |
| Contagem de ovos por grama de fezes (OPG) – Método de Gordon & Whitlock modificado – Até 20 amostras |  |
| Contagem de ovos por grama de fezes (OPG) – Método de Gordon & Whitlock modificado – A partir de 21 amostras |  |
| Exame parasitológico de fezes de cães e gatos – Flutuação (Willis) |  |
| Exame parasitológico de fezes – Flutuação (Faust) |  |
| Exame parasitológico de fezes – Sedimentação (Hoffman) |  |
| Biocarrapaticidograma (Teste de sensibilidade aos carrapaticidas) |  |
| Teste de Woo (Tripanossomose ou Tripanossomíase) |  |
| Detecção de larvas (Técnica de Baermann) |  |
| Pesquisa de Hemoparasitos (Anaplasmose, Babesiose, Erliquiose, Tripanossomíase, Cytauxzoonose, Hepatozoonose e Theileriose) |  |
| Raspado de pele para sarnas |  |
| Coprocultura |  |

**Histórico:**

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**Lesões macroscópicas (no caso de necropsia):**

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**Suspeita(s) clínica(s):**

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**DADOS DO REQUISITANTE**

# Nome: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CRMV:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Endereço:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Telefone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recebido por: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Condições da amostra: ( ) Adequada ( )Inadequada Obs.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data prevista para entrega: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pagamento: Hospital - UFG ( ) Depósito bancário ( ) Dinheiro ( ) Obs.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Universidade Federal de Goiás - UFG – Campus Samambaia Telefone Fax: 62-3521-1524

Avenida Esperança, s/n, Campus Universitário email: ladoparufg@gmail.com

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