becSCREEN™
utilizing InnovoSCEPT™ technology

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Send sample and form to:
Complete Veterinary Care, Unit 4 Mowat Industrial Estate
Sandown Road, Watford, Hertfordshire, WD24 7UY

BACTERIAL SUSCEPTIBILITY ORDER FORM

For Office Use Only:

Specimen No: _____ Date Rcvd: _____

Veterinarian: _____

Clinic: _____

Address: _____

City: _____ County: _____ Post Code: _____

Phone: (___) _____ Fax: (___) _____

Email: _____

Receive results via email within 7-10 days depending on growth pattern; full results booklet to follow via mail

Animal's Name: _____

Owner's Name: _____

Breed: _____

Age: _____ DOB: _____

TESTING PANEL OPTIONS

PLEASE NOTE: ACTIVE INFECTION REQUIRED; DISCONTINUE ANTIBIOTICS 7-10 DAYS PRIOR TO SWABBING.	**TOTAL COST**
MBEC PANEL (Minimum Biofilm Eradication Concentration) Including ID/MIC for chronic recurring infections and combination antibiotic treatment options.	£76.50 £115.00

Please indicate which of the following antibiotics the patient has previously been treated with:

❑ Amoxicillin	❑ Clindamycin	❑ Piperacillin
❑ Ampicillin	❑ Doxycycline	❑ Rifampin
❑ Amikacin	❑ Enrofloxacin	❑ Sulfamethoxazole
❑ Azithromycin	❑ Erythromycin	❑ Tetracycline
❑ Cefazolin	❑ Gentamicin Sulfate	❑ Ticarcillin Clavulanate
❑ Cefovecin	❑ Imipenem	❑ Tobramycin Sulfate
❑ Cefpodoxime	❑ Marbofloxacin	❑ Trimethoprim
❑ Ceftiofur Sodium	❑ Minocycline	❑ Vancomycin
❑ Chloramphenicol	❑ Orbifloxacin	
❑ Ciprofloxacin	❑ Oxacillin Sodium	

Other:

In the event there is no growth on any culture you will be billed: £28

PATIENT HISTORY FORM

Veterinarian: _____ Clinic: _____

Animal's Name: _____ Owner's Name: _____

Breed: _____ Age: _____ Date: _____

1. Where was the swab taken?

- ☐ Ear
- ☐ Skin
- ☐ Interdigital
- ☐ Urine
- ☐ Open wound
- ☐ Compound fracture
- ☐ Bone graft
- ☐ Gums
- ☐ Other: _____

2. Please describe the condition of swab site (i.e. redness, swelling, etc).

_____

_____

_____

_____

3. Has any previous testing been done? If so where? When?

_____

_____

_____

_____

4. Has the patient ever received treatment?

☐ yes ☐ no, never treated

When: _____

5. If patient has received treatment before please advise what was prescribed, how long it was used, results (both while on treatment and once off), etc.

_____

_____

_____

_____

_____

_____

6. How long has this issue persisted? When was it first noticed?

_____

_____

_____

_____

7. What, if any, symptoms have you noticed?

_____

_____

_____

_____

8. Comments:

_____

_____

_____

_____