

## Biologie & Infectiologie NAC (mammifères, oiseaux, reptiles) - 2025 (tarifs € TTC Esprivet)

| Vétérinaire                                                                                                                                                                                                                                                                                                                                                                                                  | Patient                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Propriétaire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Règlement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| E-mail :                                                                                                                                                                                                                                                                                                                                                                                                     | Nom :<br><input type="checkbox"/> Mammifère <input type="checkbox"/> Oiseau<br><input type="checkbox"/> Reptile<br>Espèce :                      Sexe :<br>Age :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Nom :<br>Adresse :<br>E-mail :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Joint<br>Chèque à l'ordre de VETODIAG - agrafer svp<br><input type="checkbox"/> Prépaiement par CB sur vetodiag.fr<br><input type="checkbox"/> Facturer vétérinaire<br>Si GIE : _____<br><input type="checkbox"/> Facturer propriétaire<br><b>E-mail et adresse complète impératifs si facturation propriétaire</b><br>Envoi Chronopost ou France Express : + 13,00<br>Enveloppes postales préaffranchies : + 4,00<br>Commande de matériel : www.vetodiag.fr                               |
| Prélèvement transmis                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> Sang <input type="checkbox"/> Selles <input type="checkbox"/> Urine méthode de collecte : _____ <input type="checkbox"/> Autre : _____<br>Date de prélèvement : _____    Date d'envoi (si différente) : _____ <input type="checkbox"/> réfrigéré <input type="checkbox"/> congelé avant envoi                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Informations cliniques                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Commémoratifs, hypothèses diagnostiques et traitements reçus :                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Bilans biologiques                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> <b>Bilan mammifère</b> : 0.3 ml min sang total EDTA + 0.3 ml min plasma hépariné ou sérum <span style="float: right;">58,65</span><br>NF, urée, créatinine, ALAT, PAL, GGT, GLDH, bilirubine totale, protéines totales, albumine, glucose, sodium, potassium, chlore                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> <b>Bilan oiseau</b> : 0.3 ml min sang total EDTA + 0.3 ml min plasma hépariné ou sérum <span style="float: right;">66,30</span><br>NF (hémoglobine, hématocrite, numération et formule leucocytaires manuelles), frottis sanguin<br>Acide urique, acides biliaires, ASAT, CK, protéines totales, cholestérol, triglycérides, calcium, phosphore, sodium, potassium, chlore          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> <b>Bilan reptile</b> : 0.3 ml min sang total EDTA + 0.3 ml min plasma hépariné ou sérum <span style="float: right;">51,00</span><br>NF (hémoglobine, hématocrite, numération et formule leucocytaires manuelles), frottis sanguin<br>Acide urique, urée, calcium, phosphore, ASAT, CK, protéines totales, albumine                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Hématologie</b><br>0.3 ml min sang total EDTA                                                                                                                                                                                                                                                                                                                                                             | <b>Biochimie</b><br>0.3 ml min plasma hépariné / sérum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>PCR</b><br>Sang total & liquide : tube EDTA<br>Écouvillon, biopsie, selles, etc. : milieu sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Bactériologie et mycologie</b><br>Liquide, biopsie, selles, etc. : tube ou flacon sec<br>Écouvillon : charbonné/gélosé                                                                                                                                                                                                                                                                                                                                                                                           |
| <input type="checkbox"/> NF standard (mammifère) <span style="float: right;">18,70</span><br><input type="checkbox"/> NF standard + FS (mammifère) <span style="float: right;">34,00</span><br><input type="checkbox"/> NF manuelle + FS (oiseau/reptile) <span style="float: right;">40,80</span><br><input type="checkbox"/> Frottis sanguin <span style="float: right;">25,50</span>                      | <input type="checkbox"/> Acide urique <span style="float: right;">7,65</span><br><input type="checkbox"/> Acides biliaires X2 <span style="float: right;">34,00</span><br><input type="checkbox"/> Albumine <span style="float: right;">5,10</span><br><input type="checkbox"/> ALAT <span style="float: right;">5,10</span><br><input type="checkbox"/> ASAT <span style="float: right;">5,10</span><br><input type="checkbox"/> Bilirubine <span style="float: right;">5,10</span><br><input type="checkbox"/> Calcium/Phosphore <span style="float: right;">10,20</span><br><input type="checkbox"/> Cholestérol <span style="float: right;">5,10</span><br><input type="checkbox"/> CK <span style="float: right;">5,10</span><br><input type="checkbox"/> Créatinine <span style="float: right;">5,10</span><br><input type="checkbox"/> Électroph. Protéines <span style="float: right;">29,75</span><br>Sérum requis<br><input type="checkbox"/> Na <sup>+</sup> , K <sup>+</sup> , Cl <sup>-</sup> , HCO <sub>3</sub> <sup>-</sup> <span style="float: right;">17,85</span><br><input type="checkbox"/> Fructosamine <span style="float: right;">19,55</span><br><input type="checkbox"/> GGT <span style="float: right;">5,10</span><br><input type="checkbox"/> Glucose <span style="float: right;">5,10</span><br><input type="checkbox"/> Magnésium <span style="float: right;">5,10</span><br><input type="checkbox"/> PAL <span style="float: right;">5,10</span><br><input type="checkbox"/> Protéines totales <span style="float: right;">5,10</span><br><input type="checkbox"/> Protéine C Réactive <span style="float: right;">25,50</span><br><input type="checkbox"/> SAA Serum Amyloid A <span style="float: right;">33,15</span><br><input type="checkbox"/> Triglycérides <span style="float: right;">5,10</span><br><input type="checkbox"/> Troponine I <span style="float: right;">30,60</span><br><input type="checkbox"/> Urée <span style="float: right;">5,10</span> | <input type="checkbox"/> ADV (maladie Aléoutienne)<br>Sang total EDTA, écouv. rectal, LCS, organes<br><input type="checkbox"/> Chlamydia psittaci<br>Écouvillon oropharyngé + cloacal<br><input type="checkbox"/> Circovirus (PBFD)<br>Plumes + sang total EDTA<br><input type="checkbox"/> Coronavirus entérique et systémique<br>Selles<br><input type="checkbox"/> Encephalitozoon cuniculi<br>Urine, rein, LCS<br><input type="checkbox"/> Giardia sp.<br>Selles<br><input type="checkbox"/> IBV (bronchite infectieuse)<br>Écouvillon trachéal ou oro-pharyngé<br><input type="checkbox"/> Maladie de Carré<br>Sang EDTA, LCR, écouv. respiratoire, organes<br><input type="checkbox"/> Mycobacterium sp.<br>Organes, LBA, raclages/biopsies cutanés<br><input type="checkbox"/> Mycoplasma sp.<br>Organes, LBA, raclages/biopsies cutanés<br><input type="checkbox"/> Myxomatose sp.<br>Écouv. conjonctival, nasal, génital, rectal<br><input type="checkbox"/> Toxoplasma gondii<br>LCS, organes<br>N'hésitez pas à nous contacter pour d'autres<br>PCR ne figurant pas dans cette liste<br><b>1 test : 45,05 test(s) suivant(s) : 25,50</b> | <input type="checkbox"/> Bactériologie (aéro-anaérobie) <span style="float: right;">55,25</span><br>site : _____<br><input type="checkbox"/> Mycologie <span style="float: right;">34,00</span><br>site : _____<br><input type="checkbox"/> Bactériologie + Mycologie <span style="float: right;">68,00</span><br>site : _____<br><input type="checkbox"/> Hémoculture <span style="float: right;">68,00</span><br><input type="checkbox"/> Examen direct de poils/croûtes <span style="float: right;">12,75</span> |
| <b>Endocrinologie</b><br>0.3 ml min plasma hépariné / sérum                                                                                                                                                                                                                                                                                                                                                  | <b>Sérologie</b><br>Tube sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> Insuline <span style="float: right;">33,15</span><br><input type="checkbox"/> Œstradiol <span style="float: right;">33,15</span><br><input type="checkbox"/> Progestérone <span style="float: right;">33,15</span><br><input type="checkbox"/> Testostérone <span style="float: right;">33,15</span><br><input type="checkbox"/> T4 totale <span style="float: right;">21,25</span> | <input type="checkbox"/> Aspergillose <span style="float: right;">34,85</span><br><input type="checkbox"/> Encephalitozoon cuniculi <span style="float: right;">34,85</span><br><input type="checkbox"/> Leptospirose <span style="float: right;">58,00</span><br><input type="checkbox"/> Toxoplasma gondii <span style="float: right;">34,85</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Urologie</b><br>3 ml minimum d'urine                                                                                                                                                                                                                                                                                                                                                                      | <b>Coprologie</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> Cytologie urinaire <span style="float: right;">33,15</span><br><input type="checkbox"/> Cyto-bactériologie (ECBU) <span style="float: right;">53,55</span><br><input type="checkbox"/> RPCU <span style="float: right;">12,75</span><br><input type="checkbox"/> Analyse de calcul urinaire <span style="float: right;">38,25</span>                                                | <input type="checkbox"/> Coproscopie (1) <span style="float: right;">25,50</span><br><input type="checkbox"/> + Méthode de Baermann<br>Nématodes pulmonaires + 17,85<br><input type="checkbox"/> Bactériologie des selles (2) <span style="float: right;">55,25</span><br>Incluant Campylobacter et Salmonella<br><input type="checkbox"/> Forfait (1) + (2) <span style="float: right;">63,75</span><br><input type="checkbox"/> Cryptosporidium Ag <span style="float: right;">20,40</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |