LABORATORY EXAMINATION REQUEST FORM

Nationwide Laboratories

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Veterinary Surgeon (Dr, Mr, Miss, Ms, Mrs)

Date Sampled

If follow up state previous lab ref

Practice Code

Practice Detail

Tel Fax E-mail

Species | Breed

Age - | Fasted YES / NO | Sex - M - F - N

Animals Name

Your Reference/Clients Name and Address

Reason for sampling?

☐ Diagnosis ☐ Monitor treatment

Response to treatment has been

☐ Screen a healthy animal ☐ Excellent ☐ Good ☐ Minimal ☐ None

History –(Indicate whether diagnoses are tentative or confirmed)

SAMPLE DESCRIPTION

❑ Use Serum Gel Tubes for biochemistry unless otherwise indicated.
❑ Label all samples with your reference.

	Sent ✓	Rec ✓
EDTA		
Clotted/Serum or Gel		
Heparin/Plasma		
Oxalate/Fluoride		
Citrate		
Blood Smear		
Urine Borax or Plain ☐ Cysto ☐ Catch		
Faeces (5g)		
Cytology/ Fluid Sample/ Smear		
Hair/Skin Scrape		
Swab from:		
Histology/Cytology sample from:		
OTHER		

EXAMINATION REQUIRED

Test Code	Test Name

Tick if no Interpretation Required ✓

Case already discussed with

Date Received	Date Reported	Lab Ref