

AFFIX STICKER HERE Laboratory Examination Request Form

Please complete in black ink

| г. | |
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| | BARCODE |
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| ı | STICKER |
| | |

| Nation | | Veterinary Surgeon (Dr, Mr, Miss, Ms, Mrs) | | | | | | | | |
|--|---|--|---------|--|--|---------------|------------|----------|-----------------|--|
| | 011123 | | | | Date Samp | oled | | | | |
| Poulton Tel: 01253 899215 | | | | | Previous Lab Reference (if appropriate) | | | | | |
| Web: www.nwlabs.co.uk | | | | | Practice Details (Full postal address please) | | | | | |
| Laboratories also in Cambridge and Newton Abbot | | | | | | | | · | , | |
| SAMPLE(s) SU | BMITTED - Tic | ck as appropi | riate | | 1 | | | | | |
| Use serum gel tubes for biochemistry unless otherwise indicated | | | | | | | | | | |
| Therapeutics and progesterone - No gelLabel all samples, including timings as appropriate | | | | | | | | | | |
| EDTA | | | | | | | | | | |
| | Serum 🔲 G | el | | | | | | | | |
| ☐ Heparin ☐ | | | | | Species | | Breed | | | |
| Oxalate Fluorid | | | | | Age | Sex 🖵 N | И 🖵 F | □N | Fasted Yes No | |
| Citrate | | | | | Animals Na | ame (+/- Clir | nic medica | record N | No.) | |
| Blood Smear | | | | | Your Refer | ence (owner | e last nam | | nue ID) | |
| Urine Boric | Plain 🔲 | Cysto C | atheter | | Your Reference (owners last name +/- unique ID) | | | | | |
| Faeces | | | | | Decree | | | | | |
| Cytology Fluid Sample Smear(s) | | | | | Reason for sampling? Diagnostic Monitor treatment Response to treatment has been? | | | | | |
| ☐ Hair ☐ Skin Scrape | | | | | Screen a 'healthy' animal | | | | | |
| Swab Site | | | | | Has this patient been imported or visited a country outside the UK Yes No | | | | | |
| Histology See D | iagram | | | | If yes, please specify which country | | | | | |
| EXAMINATION | | | | | NB. Zoonosis risk and travel history including country are mandatory details | | | | | |
| Test Code Test Name | | | | | History - Mandatory Section (Indicate whether diagnoses are tentative or confirmed) | | | | | |
| | 1331141115 | | | | Please include the name of any pathologists with whom the case has already been discussed. Attach a continuation sheet if necessary. | | | | | |
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| Tiple if no intern | rotation Dogu | irod / 🗍 | | | | | | | | |
| Tick if no interpretation Required 🗸 🔲 | | | | | | | | | | |
| Indicate site of lesion on diagram and include relevan history opposite | | | | | | | | | | |
| Ventral | Has the animal received antibiotic therapy in the last 4 weeks? | | | | | | | | | |

RECEIVED REPORTED **USE ONLY** TEAM INITIALS

DATE

SAMPLE RECEPTION

INTERNAL

DATE