

For histology please use Histo form

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Date				Vet Code		Submitted samples	
Case No.				Vet		Please enter number of each submitted	
Patient Name				Vet Practice Name and Address		EDTA	Urine - plain
Owner Name						Heparin	Urine - boric
Species						Serum	Fluid
Breed				Phone		Citrate	Slides
Age	Year(s)	Month(s)		Fax		Oxalate	Faeces
Sex	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Neutered	<input type="checkbox"/> Entire	Email	Swab - dry	Swab (E-swab or charcoal)

Compulsory information needed before handling your samples

Has this patient travelled outside the UK? ☐ Yes ☐ No **If yes**, please specify the country or countries:

Is there any clinical suspicion for a zoonotic infection? ☐ Yes ☐ No If yes, please specify:


Is there any clinical suspicion for Mycobacterium infection? ☐ Yes ☐ No

Is the patient raw fed? ☐ Yes ☐ No

History including drug treatment. Please specify source of slides/swabs etc.

Full Profile Dog	<input type="checkbox"/>	Flow Cytometry Lymph	<input type="checkbox"/>
Full Profile Cat	<input type="checkbox"/>	Flow Cytometry Blood	<input type="checkbox"/>
Haematology	<input type="checkbox"/>	Urinalysis and Culture	<input type="checkbox"/>
Basal Cortisol	<input type="checkbox"/>	Culture and Sensitivity	<input type="checkbox"/>
ACTH Stim	<input type="checkbox"/>		

Location



DORSAL

L

R

VENTRAL

For all other tests please indicate tests required in the table below – See Antech online / price list for test codes

Test Name	Test Code	Test Name	Test Code

Previous submissions (include lab number and date)

All clinical information and residual blood and tissue samples collected for diagnostic purposes may be retained for use in clinical studies where appropriate for the ultimate benefit of animal welfare. All data would be anonymised and any owner details not included.

Please tick this box if you do NOT want your clients' samples used for these purposes. ☐