

Vet Clinic	
Address	

Owner:	Herd Number:
Address:	
Telephone No:	
Email address:	
How would you like to receive your results? email <input type="checkbox"/> Phone <input type="checkbox"/> Post <input type="checkbox"/>	

Invoicing and issuing results (Please note results will only be issued to the bill payer)	
Please send invoice and results to: Vet <input type="checkbox"/> OR Owner <input type="checkbox"/>	
Paid when sample submitted: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Sample Type					No of samples received :	
Bovine <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Equine <input type="checkbox"/> Ovine <input type="checkbox"/> Other <input type="checkbox"/>						
Clotted <input type="checkbox"/>	EDTA <input type="checkbox"/>	Lithium Heparin <input type="checkbox"/>	Milk <input type="checkbox"/>	Faeces <input type="checkbox"/>	Wart <input type="checkbox"/>	
	Urine <input type="checkbox"/>	Hair Pluck <input type="checkbox"/>		Skin Scrape <input type="checkbox"/>	(In airtight container, NO formalin)	
Comment :					Number of animals vaccine required for: _____	

Please use back of this form to record animal ID's

Faecal : Test Required Please Tick Pool Samples: Yes <input type="checkbox"/> No <input type="checkbox"/>	Blood : Test Required Please Tick (TAT 10-14 working days) Pool Samples: Yes <input type="checkbox"/> No <input type="checkbox"/>	Additional Tests Required -State
Fluke (Liver and Rumen) <input type="checkbox"/> (TAT 1-3 days)	Mineral Profile <input type="checkbox"/> (Li- Hep and Clotted tubes Required)	Culture and Sensitivity <input type="checkbox"/> (TAT 3-5 days)
Worms (Coccidia and Worm egg count) <input type="checkbox"/> (TAT 1-3 days)	Metabolic Profile <input type="checkbox"/>	Other: Please specify <input type="checkbox"/>
Scour Profile (K99 , Rota , Corona , Crypto) <input type="checkbox"/> (For calf up to 6 weeks old approx.) (TAT 1-3 days)	Haematology <input type="checkbox"/> (Li- Hep/EDTA tubes Required)	
Salmonella Culture <input type="checkbox"/> (TAT 2-5 days)	Biochemistry <input type="checkbox"/>	
Lungworm <input type="checkbox"/> (TAT 2-3 days)		

For Laboratory Use Only	JOB ID:	Comment
Date received:		
Received by Initial:		
Sample received in good condition: Yes <input type="checkbox"/> No <input type="checkbox"/>		

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Issued by and date : MOL 14.07.16

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Approved by: NW

General Submission Form

No	Animal / Sample ID	No	Animal / Sample ID
1		8	
2		9	
3		10	
4		11	
5		12	
6		13	
7		14	

Additional Comment: