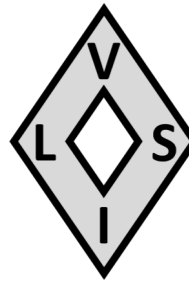


SAMPLE SUBMISSION FORM

PLEASE WRITE IN BLOCK CAPITALS AND FULLY COMPLETE THE SUBMISSION FORM



VLSI Ltd
South Cork Industrial Estate
Cork

Laboratory 021 496 5810
Pathology 1890 882044
Accounts 1890 930845
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CLIENT DETAILS

VET

PRACTICE

TEL

FAX

EMAIL

PATIENT DETAILS

PLEASE PUT NAME ON SPECIMEN BOTTLE

ANIMAL:

OWNER SURNAME:

SPECIES:

Canine

Feline

Other

SEX:

Male

Female

Neutered

BREED:

AGE:

SAMPLING DATE:

VLSI USE ONLY

Date received

Lab number

Name on specimen Yes

No

SAMPLES SUBMITTED

EDTA	<input type="checkbox"/>	URINE	<input type="checkbox"/>
HEP	<input type="checkbox"/>	FAECES	<input type="checkbox"/>
CLOT	<input type="checkbox"/>	SWAB	<input type="checkbox"/>
SPUN GEL	<input type="checkbox"/>	SCRAPE	<input type="checkbox"/>
OXF	<input type="checkbox"/>	SLIDES	<input type="checkbox"/>
CITRATE	<input type="checkbox"/>	HISTO	<input type="checkbox"/>
OTHER <input type="text"/>			

URGENT REQUEST (extra €10.00)

TEST REQUEST

CODE

PRICE

TEST REQUEST	CODE	PRICE

CLINICAL HISTORY, RECENT THERAPY AND SAMPLE SITE INFORMATION

PREVIOUS LAB NUMBERS

RESUBMISSION REFERENCE