

SAMPLE SUBMISSION FORM

PLEASE WRITE IN BLOCK CAPITALS AND FULLY
COMPLETE THE SUBMISSION FORM



VLSI

A MEMBER OF **SYNLAB**

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CLIENT DETAILS

VET

PRACTICE

TEL

EMAIL

PATIENT DETAILS

ANIMAL:

OWNER SURNAME:

SPECIES:

Canine

☐
☐

Feline

Other

SEX:

Male

Female

Neutered

☐
☐
☐

BREED:

AGE:

SAMPLING DATE:

URGENT 3-hour report (haematology/biochemistry) €10 ☐

PRIORITY 24-hour report (cytology and histology) €10 ☐

VLSI SYNLAB USE ONLY

Date received

Lab number

Name on specimen

Yes

☐

No

☐

SAMPLES SUBMITTED

EDTA

URINE

HEP

FAECES

CLOT

SWAB

SPUN GEL

SCRAPE

OXF

SLIDES

CITRATE

HISTO

OTHER

TEST REQUEST

CODE

PRICE

CLINICAL HISTORY, RECENT THERAPY AND SAMPLE SITE INFORMATION

PREVIOUS LAB NUMBERS

RESUBMISSION REFERENCE