

Date of receipt	Barcode				

SAMPLE SUBMISSION FORM

Patient Details				11	Practice Details				
Client Number: (if applicable)						Veterinary Surgeon:			
Species:						Practice Name:			
Animal Name:					11				
Owners Name:						Practice Address:			
Client Ref: (if applicable)	Please	do NOT inclu	de owner addr	ess details	1	Post Code:			
Breed:					11				
Age:	Yrs	Mths	Wks	Days	11	Tel Number:			
Sex:	M	MN	F	FN		Email Address:			
Sample Date:		DD /	MM / YY			Practice Code:			
Test Request								CODE	PRICE
URGENT 3-hour report (haematology/biochemistry) €10 PRIORITY 24-hour report (cytology) €10							SAMPLES SUBMITTED		
PRIORITY 24-hour	report (c	cytology)		€10)			EDTA	
CLINICAL HISTORY								HEP	
								CLOT	
								SPUN GEL	
								OXF	
								CITRATE	
								FAECES	
								SWAB	
								SCRAPE	
								SLIDES	
RECENT THERAPY:						HISTO			
								OTHER	
SAMPLE SITE:						URINE			
								COLLECTION	METHOD
PREVIOUS LAB NUMBERS RESUBMISSION REFEREN					NC	E			
FOR LAB USE ONLY: NAME MARKED ON SP	ECIMEN	√ ? □							