

# Lab Services Ltd

Lab Services Ltd.  
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LAB REFERENCE \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

SUBMITTING VET \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

ANIMAL I.D. \_\_\_\_\_

SPECIES \_\_\_\_\_

BREED \_\_\_\_\_

AGE \_\_\_\_\_

SEX \_\_\_\_\_

No. OF PIECES SUBMITTED \_\_\_\_\_

TISSUE SUBMITTED \_\_\_\_\_

No. OF CONTAINERS \_\_\_\_\_

RETURN ADDRESS (please ensure you include your address below)

## PLEASE TICK TESTS REQUIRED

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Histology                      | <input type="checkbox"/> Cytology            | <input type="checkbox"/> Bone Marrow Smear    |
| <input type="checkbox"/> Skin Scrape                    | <input type="checkbox"/> Total Protein       | <input type="checkbox"/> Calculus Analysis    |
| <input type="checkbox"/> Fungal Culture <sup>†</sup>    | <input type="checkbox"/> Cerebrospinal Fluid | <input type="checkbox"/> Post Mortem Material |
| <input type="checkbox"/> Bacterial Culture <sup>†</sup> |  |   |

<sup>†</sup>Samples from different sites will be treated as individual samples unless specifically requested to be pooled (treated as one)

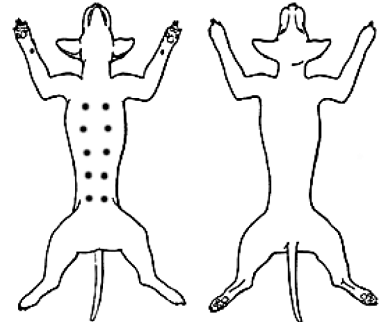
## DIFFERENTIAL DIAGNOSIS

## CLINICAL HISTORY

Continue overleaf if necessary

## DISTRIBUTION OF LESIONS

(If Applicable)



VENTRAL

DORSAL

## ADDITIONAL IMPORTANT INFORMATION

TIME SINCE LAST HEAT \_\_\_\_\_

RECENT THERAPY \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A LABORATORY CHARGE OF  
£ : WILL BE ADDED TO  
YOUR NEXT INVOICE**

VAT TO BE ADDED AT CURRENT RATE