

Lab number: _____

PRACTICE	OWNER NAME
VETERINARIAN	OWNER ADDRESS/PH
VET REF NUMBER	ANIMAL ID
DATE SAMPLE COLLECTED	<input type="checkbox"/> CANINE <input type="checkbox"/> FELINE <input type="checkbox"/> OTHER
MICROCHIP NUMBER	AGE BREED
<input type="checkbox"/> VET INTERPRETATION REQUIRED <i>(if clinical history provided)</i>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> SPAYED / NEUTERED
<input type="checkbox"/> VET ALERT MESSAGE <i>(include mobile number)</i>	PREVIOUS CASE NUMBER
CLINICAL HISTORY <i>(more space overleaf)</i>	<input type="checkbox"/> MONITORING RX

PROFILES	BIOCHEMISTRY	MICROBIOLOGY	HAEMATOLOGY																																																																																																																																				
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Please note: This form only contains commonly requested tests. Please refer to our current price book for full testing options. See overleaf for Profile and Panel descriptions. Some tests may be subcontracted.

OTHER TESTS:	
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SAMPLES RECEIVED <i>(for lab use only)</i>	Unpacked by:	Date rec'd:
<input type="checkbox"/> Serum/SST <input type="checkbox"/> Fluoride <input type="checkbox"/> Citrate <input type="checkbox"/> Heparin <input type="checkbox"/> Swab <input type="checkbox"/> Hair	<input type="checkbox"/> Fresh tissue	<input type="checkbox"/> Other
<input type="checkbox"/> EDTA <input type="checkbox"/> Blood film <input type="checkbox"/> Smear <input type="checkbox"/> Fluid <input type="checkbox"/> Urine <input type="checkbox"/> Faeces	<input type="checkbox"/> Fixed tissue	

