

PATHOLOGY & DIAGNOSTIC LABORAT THE ROYAL VETERINARY COL

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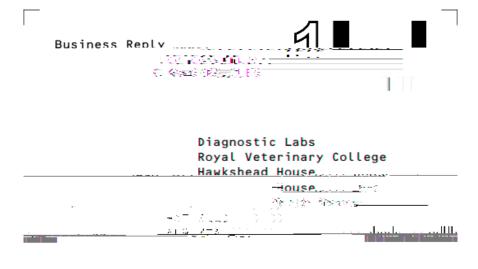
RVC DIAGNOSTIC SERVICE

LABORATORY EXAMINATION REQUEST

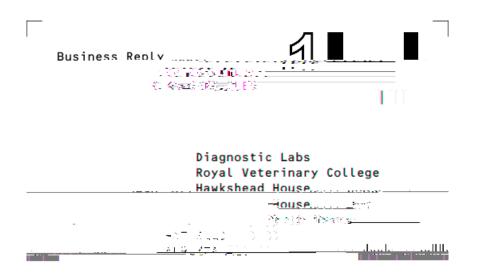
(For more information, contacts etc, please consult our price list)

	DATE RECEIVED	CHARGE	UNIT NUMBER
LAB USE ONLY			
YOUR REF:	CLIENT NAME	ANIMAL NAME	DATE COLLECTED
SPECIES & BREED Feline /		AGE	SEX
PREVIOUS SAMPLES S	ENT FROM THIS CASE? YE	S/NO	OUR REF:
HAVE YOU SPOKEN TO	A MEMBER OF STAFF RE:	THIS CASE? NAME:	·
VETERINARY SURGEON: NAME & ADDRESS		SAMPLE TYPE AND SITE: Samples required 1x EDTA + fresh blood smear 3x 1ml Serum tube spun/separated 30mins to 2 hours post sampling 1x Fluoride oxalate for glucose Urine in plain tube 3-4ml with 200ul in a plain sterile tube EXAMINATION REQUIRED:	
TEL: Fax/Email:		Diabetic profile – 'tl Includes: Pæ\{æ[àā[&@{ ād^Áprofile	he difficult one' [* ˆÆÛΤ Ρά
	any residual sample to be us	sed for future test valida	ation or testing:

HISTORY



Pathological Specimen Fragile Handle With Care



Pathological Specimen Fragile Handle With Care