

PATHOLOGY & DIAGNOSTIC LABORAT THE ROYAL VETERINARY COL

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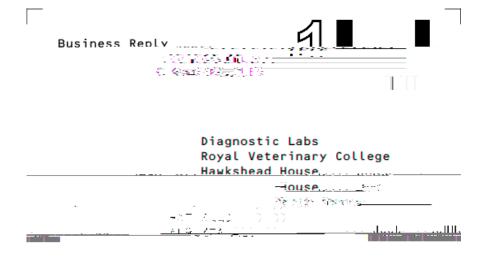
Fax: 01707 66146

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 SENT FROM THIS CASE? YES/NO			OUR REF:
HAVE YOU SPOKEN TO A MEMBER OF STAFF RE: THIS CASE? NAME:			



| Pathological Specimen Fragile Handle With Care