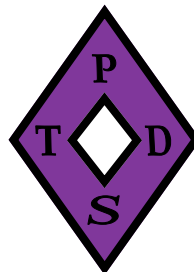


# SAMPLE SUBMISSION FORM

**URGENT REQUEST**  
**£2\***  
 Please affix sticker or  
 highlight.



PTDS  
 Unit 2a  
 Manor Farm Business Park  
 Higham Gobion, Herts, SG5 3HR  
 Tel - General: 01582 881368  
 Tel - Pathology: 01582 882634  
 Fax: 08717 146847  
 Email: [ptdslab@btconnect.com](mailto:ptdslab@btconnect.com)  
 Website: [www.ptdslab.co.uk](http://www.ptdslab.co.uk)

**PLEASE USE BLOCK CAPITALS THROUGHOUT**

\* Please see price list for more specific information.

**PRACTICE DETAILS**

**Clinician:**  
**PTDS Code:**  
**Practice:**  
**Post Code:**  
**Tel:**  
**Fax:**  
**E-mail:**

**PATIENT DETAILS**

**Your Client Ref:**.....  
**Animal Name:**.....  
**Owner Name:**.....  
**Post Code:**.....  
**Species:**..... **Sex:**..... **Age:**.....  
**Breed:**.....  
**Sampling date:**..... **Time:**.....

**PREVIOUS SUBMISSIONS (LAB NUMBER OR DATE)**

PROFILE / SCREEN / TEST *	CODE*

SAMPLE TYPE	NUMBER	PTDS USE ONLY	
CITRATE			
EDTA			
FAECES			
FIXED FORMALIN			
FLUORIDE			
HEPARIN			
OTHER (please specify)			
PLAIN			
SERUM (plain)			
SERUM (spun gel)			
SLIDES			
SWAB (charcoal)			
SWAB (other)			
URINE (boric)			
URINE (plain)			
URINE SOURCE	Void.	Cath.	Cysto.



**PTDS NOTES**

**CLINICAL HISTORY**

*e.g.* duration, presenting signs, recent therapy, swab source, mass (size, mobility, location, in/under skin etc.)

Remaining stored samples may be used for clinical research. Please tick the box if you do NOT want your samples used.