

SAMPLE SUBMISSION FORM



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URGENT REQUEST*

(please tick) **£2**

PLEASE USE BLOCK CAPITALS THROUGHOUT	* Please see price list for more specific information.																																																																				
<p style="text-align: center;">PRACTICE DETAILS</p> <p>Clinician:</p> <p>Practice Name:</p> <p>Address:</p> <p>.....</p> <p>Post Code:</p> <p>Tel:</p> <p>Fax:</p> <p>E-mail:</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">SAMPLE TYPE</th> <th style="width:15%;">NUMBER</th> <th colspan="2" style="width:25%;">PTDS USE ONLY</th> </tr> </thead> <tbody> <tr><td>CITRATE</td><td></td><td></td><td></td></tr> <tr><td>EDTA</td><td></td><td></td><td></td></tr> <tr><td>FAECES</td><td></td><td></td><td></td></tr> <tr><td>FIXED FORMALIN</td><td></td><td></td><td></td></tr> <tr><td>FLUORIDE (glucose)</td><td></td><td></td><td></td></tr> <tr><td>HEPARIN</td><td></td><td></td><td></td></tr> <tr><td>OTHER</td><td></td><td></td><td></td></tr> <tr><td>PLAIN</td><td></td><td></td><td></td></tr> <tr><td>SERUM (spun gel)</td><td></td><td></td><td></td></tr> <tr><td>SERUM (plain)</td><td></td><td></td><td></td></tr> <tr><td>SLIDES</td><td></td><td></td><td></td></tr> <tr><td>SWAB (charcoal)</td><td></td><td></td><td></td></tr> <tr><td>SWAB (other)</td><td></td><td></td><td></td></tr> <tr><td>URINE (boric)</td><td></td><td></td><td></td></tr> <tr><td>URINE (plain)</td><td></td><td></td><td></td></tr> <tr> <td>URINE SOURCE</td> <td>Void.</td> <td>Cath.</td> <td>Cysto.</td> </tr> </tbody> </table>	SAMPLE TYPE	NUMBER	PTDS USE ONLY		CITRATE				EDTA				FAECES				FIXED FORMALIN				FLUORIDE (glucose)				HEPARIN				OTHER				PLAIN				SERUM (spun gel)				SERUM (plain)				SLIDES				SWAB (charcoal)				SWAB (other)				URINE (boric)				URINE (plain)				URINE SOURCE	Void.	Cath.	Cysto.
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<p style="text-align: center;">PATIENT DETAILS</p> <p>Your Client Ref:</p> <p>Animal Name:</p> <p>Owner Name:</p> <p>Address:</p> <p>.....</p> <p>Post Code:</p> <p>Species: Sex: Age:</p> <p>Breed:</p> <p>Sampling date: Time:</p>	<p>PTDS NOTES</p>																																																																				
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PROFILE / SCREEN / TEST *	CODE*	PROFILE / SCREEN / TEST *	CODE*

CLINICAL HISTORY

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

If you need additional supplies, please tick and indicate what and how many you require overleaf.