



URGENT REQUEST
 *
 Please affix sticker
 or highlight.

SAMPLE SUBMISSION FORM

PRACTICE DETAILS
Clinician: _____
PTDS Code: _____
Practice: _____
Post Code: _____
Tel: _____
Fax: _____
E-mail: _____

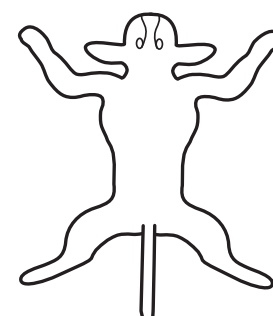
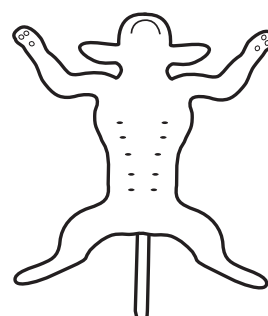
PATIENT DETAILS
Your PMS Ref: _____
Animal Name: _____
Owner Name: _____
Post Code: _____
Species: _____ Sex: _____ Age: _____
Breed: _____
Sampling date: _____ Time: _____

PREVIOUS SUBMISSIONS (LAB NUMBER OR DATE)

PROFILE / SCREEN / TEST *	CODE*

*Please see price lists for information.	PTDS
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SAMPLE TYPE	NUMBER	PTDS	NO. QL
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.