


**RVC DIAGNOSTIC SERVICE**

LABORATORY EXAMINATION REQUEST

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

	DATE RECEIVED	CHARGE	UNIT NUMBER
<b>LAB USE ONLY</b> 			
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:			
VETERINARY SURGEON: NAME & ADDRESS		SAMPLE TYPE AND SITE:  <b>2x 1ml Serum tube</b> <i>spun/separated 30mins to 2 hours post sampling</i>	
		EXAMINATION REQUIRED:  <b>Diabetic profile – ‘limited’</b> Includes: fructosamine, IGF-1	
TEL: Fax/Email:			

Owner is not willing for any residual sample to be used for future test validation or testing:   
 (please tick)

**HISTORY**

THERAPY/DRUGS:

Business Reply  
Licence Number  
RTKX-GBRS-CUEG



Diagnostic Labs  
Royal Veterinary College  
Hawkshead House  
Hawkshead Lane  
North Mymms  
HATFIELD  
AL9 7TA



**Pathological Specimen Fragile Handle With Care**

Business Reply  
Licence Number  
RTKX-GBRS-CUEG



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