



Information for lab technicians:

Do not process unless signed by CIC

Please enter in LIMS system as LSO1. Research Lab code: Q002 3VCS CHUD

Tests required: Fructosamine, Cholesterol, Triglycerides, Cholesterol:Tg

CIC Signature and date: _____

Please store left over serum. Any queries, contact clinical trials on 6605.

Please fax results to Clinical Investigations Office: 01707 666223

FOLLOW UP SAMPLE SUBMISSION FORM FOR FELINE DIABETES RESEARCH

Date: _____ Path No: _____

LIMS Research ID code: LSO1

A FULL SET OF SAMPLES IS REQUIRED. SAMPLES MUST BE TAKEN AT LEAST 6 HOURS AFTER FOOD AND BEFORE INSULIN

Requirements:

- 3 mls blood collected in to a plain or serum gel tube. Please spin and separate the samples at the time of collection and send the separated serum in an eppendorf or other plain tube.

Please post samples to: Clinical Investigation Centre, Queen Mother Hospital, Royal Veterinary College, Hawkshead Lane, North Mymms, Hatfield, AL9 7TA

Clinician: _____

Practice: _____

Address: _____

Tel number: _____ FAX number: _____

email address: _____

Owner's name: _____

Cat's name: _____

Date of previous sample submission: _____

WE NEED A COMPLETE SET OF SAMPLES AND THE CAT MUST BE FASTED.

This is a follow up sample from (*Please circle the correct category*)

- A cat diagnosed with diabetes within the last six weeks.
- A cat which has been seen at the RVC for a CT scan
- A cat which has been seen at the RVC and then referred for radiotherapy

What treatment is the cat currently on? (Insulin: type, frequency and dose) _____

Do you consider this cat to be a well-controlled diabetic ?

If not please give reasons including possible clinical signs (eg. pu/pd, polyphagia, weight loss)

What diet is the cat on?

Approximately how many grams of food is the cat fed?

How often?

Clinical Investigations Centre

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