

Submitted samples will receive **FREE** – Fructosamine, Triglycerides, Cholesterol,

**Cholesterol:Triglyceride ratio and IGF-1** (raised IGF-1 is an indicator of acromegaly)

A Full set of samples is required. Samples must be taken at least 6 hours after food and before insulin.

- **3mls blood in plain/serum gel tubes** (allow to clot and centrifuge before posting- send both clot and serum)
- **1ml EDTA blood**

If the initial sample is/ has been submitted within 6 weeks of the cat being diagnosed with diabetes, we would like follow up samples for the subsequent 4 months. 3mls serum in a plain/serum gel pot required (allow to clot and centrifuge before posting - send both clot and serum.)

**Please Circle: New Sample Follow up Sample**

Practice name & address:.....

..... Post code:.....

Fax number..... Telephone number.....

Email.....

Name of Vet in charge of case:..... Signed by owner or Vet:.....

**N.B. Signature indicates that owners have been informed and consent to excess blood being used for clinical research (including genetic analysis)**

Owners name:..... Animals name:.....

Age:.....yr.....mths Breed:..... Sex: (please circle) FE FN ME MN

Current weight:..... Weight at diagnosis:..... Current body condition score:...../5

Body condition score at diagnosis:...../5 (see <http://vet.osu.edu/1851.htm>)

Does the cat have diabetes: (please circle) Yes No Unknown Date of diagnosis of diabetes:.....

Date sample taken:..... Date current insulin dose was started:.....

Type of insulin used:..... Dose:..... Frequency: (please circle) SID BID

Is there any suspicion of acromegaly or any other form of insulin resistance: (please circle) Yes No

If so, why do you suspect this:.....

Do you consider the cats diabetes to be well controlled: (please circle) Yes No

If not, can you list the reasons and clinical signs (e.g. pu/ pd, polyphagia, weight loss).....

What diet is the cat on:.....

Amount of diet fed: (i.e. grams/tins)..... Frequency of meals:.....

Any other concurrent diseases (e.g. Pancreatitis, dental disease, other endocrinopathy) or medical treatment.....

**Lab use only:** Do not process unless signed by CIC signature and date:.....

Please enter in LIMS as LS01. Research lab code: Q002 3VCS CHUD