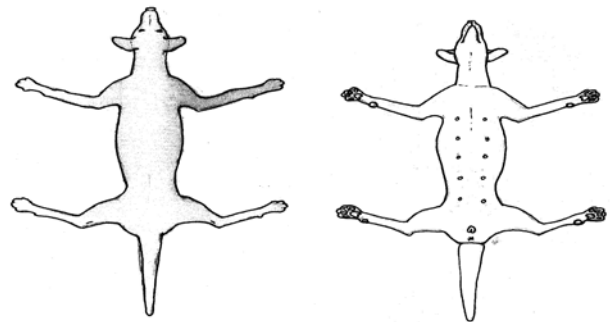


DERMATOLOGY SAMPLE EXAMINATION REQUEST

Please do not use this form for any other sample submission

LAB USE ONLY	DATE RECEIVED	CHARGE	UNIT NUMBER
YOUR REF:	CLIENT NAME	ANIMAL NAME	DATE COLLECTED
SPECIES & BREED		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		SKIN BIOPSY SITES: PLEASE SPECIFY ON DIAGRAM BELOW	
Tel: FAX: Email:		NUMBER OF BIOPSIES SUBMITTED:	
FAX RESULTS?	YES/NO		

HISTORY



TREATMENT GIVEN AND RESPONSE:

SAMPLE SUBMISSION FOR THE ATTENTION OF DR JOAN REST ONLY