

Plant Sample Analysis Form*mandatory

Price is per sample. One sample = one bag of seeds/leaves/seedlings, no mixed material.
 Cheques payable to Royal Veterinary College or complete contact details for bank transfer

Your Name *	
Address *	
Postcode *	
Telephone	
Email (for contact and results)*	
Address of yard/pasture (where seeds/leaves/seedlings collected)	
Postcode of yard/pasture *	
Date of collection*	
Where were samples collected?*	<input type="checkbox"/> Ground <input type="checkbox"/> From tree
Sample submitted (tick all that apply)	<input type="checkbox"/> Seeds <input type="checkbox"/> Leaves <input type="checkbox"/> Seedlings <input type="checkbox"/> Other (Please state)
Service required (turnaround time)	<input type="checkbox"/> Standard £117 (2-3 weeks) <input type="checkbox"/> Expedited £272 card payment only (72hr)
Payment method	<input type="checkbox"/> Credit card (complete next page <input type="checkbox"/> Bank transfer (via invoice) <input type="checkbox"/> Cheque (to The Royal Veterinary College)
Are there any sycamore trees within / near the pasture?	
Approx. size of pasture (football pitch=1 acre)	
Number of horses currently grazing on pasture	
Do horses graze the same pasture all year?	
Ages, sex and breeds of horses grazing on pasture	
What other animal species graze on the pasture?	
Any relevant veterinary issues associated with this pasture? (for example, current or prior atypical myopathy outbreaks, or other disease in horses or other species)	

The Comparative Neuromuscular Disease Laboratory stores residual samples for future research purposes and the diagnostic prices we offer are heavily subsidised to reflect this. Consequently, we need your signature please confirming that you are aware that samples might be used for both clinical and research reasons. It will not be possible to identify you or your animals in any published or presented work, and research studies are conducted according to institutional ethics and welfare approval. **Please note that there may be some delay if the form is not signed below.** The test results offered are accurate to the best of the knowledge of the RVC and its agents. The RVC shall not take responsibility for errors that have occurred due to inaccurate or insufficient data supplied by the Client. The RVC shall not take responsibility for the subsequent use the Client makes of the results offered herewith.

Advice on results should be provided in consultation with your own vet. Unfortunately, the Comparative Neuromuscular Diseases Lab is unable to provide advice beyond the result and its interpretation that will be supplied.

I give permission for the collection of this/these samples for diagnostic and possible future research purposes.

Signature:

Print Name:

Date:

Lab use only:

Our Reference

Date received

Received by

Seeds Leaves Seedlings

CREDIT CARD FORM

Date	
Customer ID (internal use)	
Customer Name (full name required)	
Type of Card	Debit <input type="checkbox"/> Visa Card <input type="checkbox"/> MasterCard <input type="checkbox"/>
Card Owner Name	
Card Number	
Expiry Date	
3 Digit Security Number	
Amount	
Telephone	
Email Address	
Receipt Required? (Email address required)	No Yes
Other Instructions	