**PATHOLOGY & DIAGNOSTIC LABORATORIES THE ROYAL VETERINARY COLLEGE**

# Hawkshead Lane, North Mymms,

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**RVC DIAGNOSTIC SERVICE**

## LABORATORY EXAMINATION REQUEST

(Electronic completion preferred - For more information, contacts etc., please consult our price list)

|  |  |  |  |
| --- | --- | --- | --- |
| **LAB USE ONLY ** | **DATE RECEIVED** | **CHARGE** | **PATHOLOGY NUMBER** |
| **YOUR REF** | **CLIENT NAME** | **ANIMAL NAME** | **DATE COLLECTED**  *(dd/mm/yy):* |
| **SPECIES:**  **BREED:** | | **AGE** | **SEX** |
| **PREVIOUS SAMPLES SENT FROM THIS CASE?** | |  | **OUR REF** |
| **HAVE YOU SPOKEN TO A MEMBER OF STAFF RE: THIS CASE?** | | | **NAME:** |
| **VETERINARY SURGEON NAME:**  **ADDRESS:** | | **SAMPLE TYPE AND SITE** | |
| **TEL:**  **EMAIL:** | | **EXAMINATION REQUIRED** | |
| * **Please tick box if sample considered a Biohazard (please specify )**   **HISTORY LESION DISTRIBUTION** | | | |