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

# Hawkshead Lane, North Mymms,

**Hatfield, Herts AL9 7TA**

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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 OF FOREIGN TRAVEL/IMPORTATION?**  **(If yes, please provide details in history)** |
| **HISTORY**       |
| [ ]   **PERMISSION DECLINED FOR RESIDUAL SAMPLES TO BE USED FOR RESEARCH** |