

RVC DIAGNOSTIC SERVICE

LABORATORY EXAMINATION REQUEST

(For more information, contacts etc, please consult our price list)

	DATE RECEIVED	CHARGE	UNIT NUMBER
LAB USE ONLY 🖱			
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		SAMPLE TYPE AND SITE: (* Please send: serum for biochemistry, Lithium Hep for exotics)	
TEL:		EXAMINATION REQUIRED:	
Email:			

HISTORY

THERAPY/DRUGS: