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**RVC DIAGNOSTIC SERVICE**

LABORATORY EXAMINATION REQUEST

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

|   |               |  |                |
|---|---------------|--|----------------|
| <b>LAB USE ONLY</b>  | DATE RECEIVED | CHARGE<br>To QMHA  | 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: Heather Covey                               |               |  |                |
| VETERINARY SURGEON: NAME & ADDRESS  |               | SAMPLE TYPE AND SITE:<br>(* Please send: serum for biochemistry, Lithium Hep for exotics)<br>2-3 x serum samples (total 2ml).                          |                |
| TEL:<br>FAX:<br>Email:  |               | EXAMINATION REQUIRED:<br>Q0116 - Post iodine panel<br>Residual serum to be stored at CIC (HC and HS project)<br>Please send results to H.Covey at QMHA |                |
| /FAX RESULTS? YES/NO  |               |  |                |

**HISTORY** Date of radioactive iodine administration.....

Current clinical signs (please circle/tick those that apply)

- |                    |             |                  |
|--------------------|-------------|------------------|
| Vomiting           | Weight loss | Poor hair coat   |
| Diarrhoea          | PUPD        | Seborrhoea sicca |
| Increased appetite | Weight gain | Pinnal alopecia  |
| Inappetence        | Lethargy    |                  |

Bodyweight.....kg      Body Condition Score ...../9

Blood pressure reading .....mmHg

Quality of life questionnaire completed Yes/No

- 1/9 emaciated
- 4/9 slim ideal
- 9/9 obese

THERAPY/DRUGS: