


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 M/F/MN/FN
PREVIOUS SAMPLES SENT FROM THIS CASE?		YES/NO	OUR REF
HAVE YOU SPOKEN TO A MEMBER OF STAFF RE: THIS CASE?		YES/NO	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? YES/NO (If yes, please provide details in history)

HISTORY

☐ PERMISSION DECLINED FOR RESIDUAL SAMPLES TO BE USED FOR RESEARCH