



NationWide

LABORATORIES

Poulton
Tel: 01253 899215

Email: info@nwlabs.co.uk
Web: www.nwlabs.co.uk

Laboratories also in Cambridge and Newton Abbot

AFFIX STICKER HERE

Laboratory Examination Request Form

BARCODE
STICKER

Please complete in black ink

Veterinary Surgeon (Dr, Mr, Miss, Ms, Mrs)

Date Sampled

Previous Lab Reference (if appropriate)

Practice Details (Full postal address please)

SAMPLE(s) SUBMITTED - Tick as appropriate

- Use serum gel tubes for biochemistry unless otherwise indicated
- Therapeutics and progesterone - No gel
- Label all samples, including timings as appropriate



EDTA

Clotted Serum Gel

Heparin Plasma

Oxalate Fluoride

Citrate

Blood Smear

Urine Boric Plain Cysto Catheter Catch

Faeces

Cytology Fluid Sample Smear(s)

Hair Skin Scrape

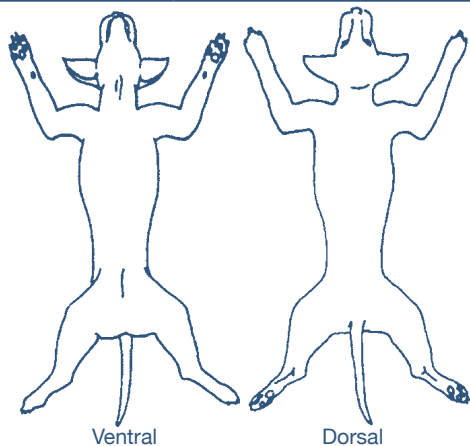
Swab Site

Histology **See Diagram**

EXAMINATION REQUIRED

Test Code	Test Name

Tick if no interpretation Required



Indicate site of lesion on diagram and include relevant history opposite

Species

Breed

Age

Sex

M

F

N

Fasted

Yes

No

Animals Name (+/- Clinic medical record No.)

Your Reference (owners last name +/- unique ID)

HISTOLOGY - Record the number of histology containers and samples submitted

Number of pots:

Number of tissues provided:

Reason for sampling?

Diagnostic

Screen a 'healthy' animal

Monitor treatment

Response to treatment has been?

Excellent Good Minimal None

Has this patient been imported or visited a country outside the UK Yes No

If yes, please specify which country _____

NB. Zoonosis risk and travel history including country are mandatory details

HISTORY - Mandatory Section

(Indicate whether diagnoses are tentative or confirmed)

Please include the name of any pathologists with whom the case has already been discussed. Attach a continuation sheet if necessary.

Has the animal received antibiotic therapy in the last 4 weeks?

Yes No

INTERNAL
USE ONLY

SAMPLE RECEPTION
TEAM INITIALS

DATE
RECEIVED

DATE
REPORTED