

AFFIX STICKER HERE

Laboratory Examination Request Form

BARCODE STICKER



NationWide
LABORATORIES

Poulton
Tel: 01253 899215

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

Laboratory also in Cambridge

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 <ul style="list-style-type: none"> Use serum gel tubes for biochemistry unless otherwise indicated Therapeutics and progesterone - No gel Label all samples, including timings as appropriate 	✓
EDTA	
<input type="checkbox"/> Clotted <input type="checkbox"/> Serum <input type="checkbox"/> Gel	
<input type="checkbox"/> Heparin <input type="checkbox"/> Plasma	
Oxalate Fluoride	
Citrate	
Blood Smear	
Urine <input type="checkbox"/> Boric <input type="checkbox"/> Plain <input type="checkbox"/> Cysto <input type="checkbox"/> Catheter <input type="checkbox"/> Catch	
Faeces	
Cytology <input type="checkbox"/> Fluid Sample <input type="checkbox"/> Smear(s)	
<input type="checkbox"/> Hair <input type="checkbox"/> Skin Scrape	
Swab Site	
Histology <i>See Diagram</i>	

Species	Breed	
DOB	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N	Fasted <input type="checkbox"/> Y <input type="checkbox"/> N
Animals Name (+/- Clinic medical record No.)		
Owners last name		
Unique animal ID		
Submissions or practice reference		

EXAMINATION REQUIRED	
Test Code	Test Name

HISTOLOGY - Record the number of histology containers and samples submitted

Number of pots:	Number of tissues provided:
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Reason for sampling?

<input type="checkbox"/> Diagnostic	<input type="checkbox"/> Monitor treatment
<input type="checkbox"/> Screen a 'healthy' animal	Response to treatment has been?
	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Minimal <input type="checkbox"/> None

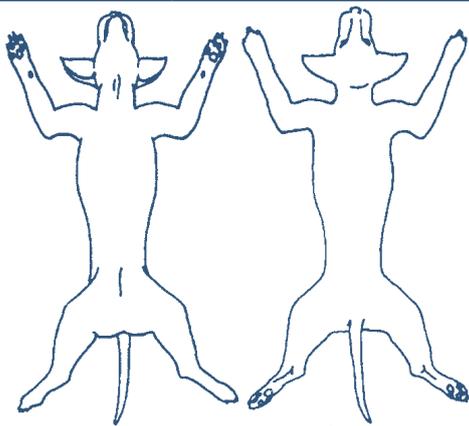
Has this patient been imported or visited a country outside the UK Yes No

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.

Tick if no interpretation Required



Indicate site of lesion on diagram and include relevant history opposite

Ventral Dorsal

Has the animal received antibiotic therapy in the last 4 weeks? Yes No

INTERNAL USE ONLY	SAMPLE RECEPTION TEAM INITIALS	DATE RECEIVED	DATE REPORTED
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