



®

# NationWide

LABORATORIES

## NationWide Laboratories

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# Laboratory Examination Request Form

*Please complete in black ink*

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

Date Sampled

Previous Lab Reference (if appropriate)

Practice Details

### 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

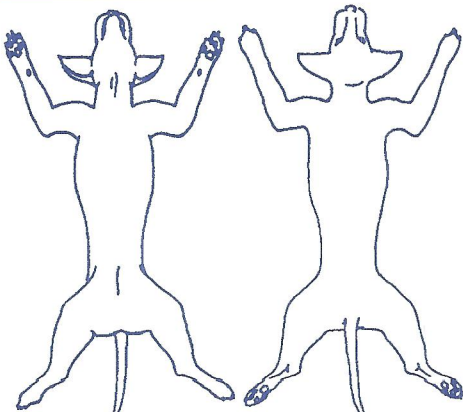
Swab Site

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

Ventral

Dorsal

Species

Breed

Age

Sex

M

F

N

Fasted

Yes

No

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

Your Reference (Client's name and address)

Reason for sampling?

Diagnostic

Screen a 'healthy' animal

Monitor treatment

Response to treatment has been?

Excellent

Good

Minimal

None

### 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

Date Received

Date Reported