



SUBMISSION FORM

Pinmoore Animal Laboratory Services Limited
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VET SURGEON:		LABORATORY USE ONLY		PLAIN	URINE
PRACTICE NAME AND ADDRESS	REF:			HEPARIN	FAECES
	DATE:			EDTA	SWAB
				CITRATE	TISSUES (PLAIN)
				OX-F	TISSUES (FORMALIN)
			SLIDES		
	OWNER DETAILS			ANIMAL I.D.:	
	NAME:			SPECIES:	
				BREED:	
TEL No:		PREVIOUS REF: (IF APPLICABLE)		AGE:	
EMAIL:				SEX:	
				DATE:	

PROFILE/TEST REQUIRED	CULTURE & SENSITIVITY SITE (IF APPLICABLE)	HISTOLOGY/CYTOLOGY TISSUE & SITE (IF APPLICABLE)	PLEASE TICK IF INTERPRETATION IS REQUIRED ON BLOOD PROFILES

*FOR HISTOLOGY AND CYTOLOGY PLEASE INDICATE DISTRIBUTION OF LESIONS IN BOX PROVIDED (IF APPLICABLE)

PATIENT INFORMATION	
HISTORY & CLINICAL FINDINGS	
PRIOR/CURRENT THERAPY	
<p style="text-align: right;">FASTING SAMPLE</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>	

DISTRIBUTION OF LESIONS (IF APPLICABLE)
<p>CYTOLOGY/HISTO SITE</p>

OTHER COMMENTS