Greendale Veterinary Diagnostics

Delivering Results

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LABORATORY REQUEST FORM

Clinician

* Practice

* Address

* Tel:

* Fax:

Client Ref. (for email reports)

* Owner

* Animal

* Species

Sex M ☐ F ☐ N ☐ Age ☐

Breed

Previous Ref. Number

Clinical History & Previous/Current Therapy

Post Mortems - Give full history, date of death and whether carcass has been frozen
(continue overleaf if neccessary)

* Test(s) or Profile(s) required

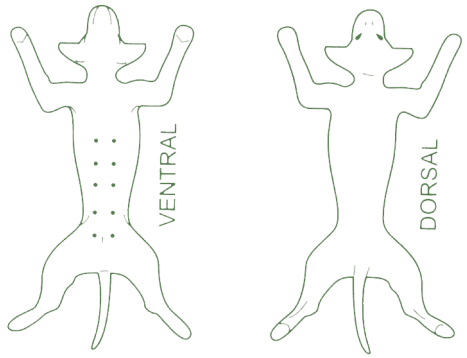
Date Sample Taken by Surgery

Date Received by Laboratory

GL number
(lab use only)

Sample description

Fasted ☐ Non Fasted ☐ Please label all samples!	Sent Specify number	Received Specify number (lab use only)
Plain		
Separated Serum		
Fluoride Oxalate		
Heparin		
Separated Plasma		
EDTA		
Citrate		
Serum Gel Spun		
Serum Gel Unspun		
Blood Smear		
Smear (other)		
Fluid		
Please specify site of fluid		
Faeces		
Urine Cystic ☐ Catch ☐		
Swab		
Please specify site of Swab		
Hair/Skin Scrape/Feather		
Other Samples (please specify)		
Histopathology/FNA		



* Essential details that must be filled in