

Only for use by Pet Aid Practices



Abbey Veterinary Services

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LAB REFERENCE _____
DATE RECEIVED _____

RETURN ADDRESS (please ensure you include your address below)

SUBMITTING VET _____
OWNER'S NAME _____
ANIMAL I.D. _____
SPECIES _____
BREED _____
AGE _____
SEX _____
No. OF PIECES SUBMITTED _____
TISSUE SUBMITTED _____
No. OF CONTAINERS _____

PLEASE TICK TESTS REQUIRED

- | | | |
|---|--|---|
| <input type="checkbox"/> Histology | <input type="checkbox"/> Cytology | <input type="checkbox"/> Bone Marrow Smear |
| <input type="checkbox"/> Skin Scrape | <input type="checkbox"/> Cerebrospinal Fluid | <input type="checkbox"/> Calculus Analysis |
| <input type="checkbox"/> Fungal Culture | <input type="checkbox"/> Bacterial Culture | <input type="checkbox"/> Post Mortem Material |

- Clinical Pathology / Haematology (Please specify overleaf)
n.b. Only one charge is made for multiple interpretations

DIFFERENTIAL DIAGNOSIS

CLINICAL HISTORY

Continue overleaf if necessary

DISTRIBUTION OF LESIONS
(If Applicable)

VENTRAL DORSAL

ADDITIONAL IMPORTANT INFORMATION

TIME SINCE LAST HEAT _____

RECENT THERAPY _____

A LABORATORY CHARGE OF
£ : **WILL BE ADDED TO**
YOUR NEXT INVOICE
VAT TO BE ADDED AT CURRENT RATE

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MICROBIOLOGY

Sample(s) submitted: _____

- Bacterial culture & Sensitivity
- Fungal Culture
- Full urinalysis (or specify urine exam(s) required): _____
- Full faecal analysis (or specify faecal exam(s) required): _____
- Other microbiology exam(s); specify tests required: _____
- Recent antimicrobial therapy? (drug/last administered): _____

HAEMATOTOLOGY

Sample(s) submitted *: EDTA CITRATE CLOT OTHER:

- FBC & film
- Reticulocyte count
- PT & APTT Interpretation Required[†]
- D-Dimers
- Coomb's test
- Fibrinogen
- Other haematology (specify test(s) required): _____

CLINICAL CHEMISTRY

Sample(s) submitted *: CLOT HEPARIN FLU/OX OTHER:

- Full biochemical profile
- Diabetes screen/monitoring
- Pancreatitis screen Interpretation Required[†]
- cPLi/fPLi
- Bile acid stimulation test
- Fructosamine
- B12/Folate/TLI (specify combination or all)
- Phenobarbitone and/or bromide
- Proteins and electrophoresis
- Urine chemistry (specify test(s) required): _____
- Other clinical chemistry (specify test(s) required): _____

ENDOCRINOLOGY

Sample(s) submitted *: CLOT URINE OTHER: Interpretation[†]

Tests required (specify): _____

OTHER CLINICAL PATHOLOGY ANALYSES

Sample(s) submitted: _____

Tests required (specify): _____

* Please refer to the price list for test requirements

[†] Only one charge is made for multiple interpretations