




Practice Details	
Veterinary Surgeon:	
Practice Name:	
Practice Address:	
Postcode:	
Tel Number:	
Fax Number:	
Email Address:	
Practice Code:	
Ref:	Lab Use

Patient Details	
Your Client Ref: (if applicable)	
Species:	Canine <input type="checkbox"/> Feline <input type="checkbox"/>
Animal's Name:	
Owner's Name and Postcode:	
Sex:	M / F Status: Neut / Ent
Age:	Yrs Mths
Breed:	
Sample Date:	DD / MM / YY

	Please Tick Test Required
Cytology Aspirate (up to 5 slides examined for standard fee) – within 48 hours of sample receipt. <i>Please submit unstained slides of aspirates</i>	<input type="checkbox"/>
PARR analysis – 2 - 6 working days depending on receipt of sample <i>Please submit unstained slides of aspirates</i>	<input type="checkbox"/>
Canine Lymphoma Blood Test (cLBT) – next working day <i>Please submit 1ml of patient's serum</i>	Please use standard Avacta sub form

Cytology/PARR taken from:


Clinical History and Comments, including recent treatment
Previous submissions (Lab number and date)

Lab Use Only
Date received: