



## Sample Submission Form

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.....MRCVS  
.....  
.....  
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Tel:.....  
Fax:.....  
email: .....

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Date..... Date collected.....

Name of Animal ..... age.....  
(for multiple animals requiring the same tests names may be listed on the reverse)

Owner .....

Sample .....

Tests required .....  
For CEM please indicate method required ....PCR (same day) or culture (7 day)

Relevant clinical details .....

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more submission forms        
 more Pre-paid postage labels     

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<p><small>For Lab use only</small></p> <p>Date received..... Reference no.....</p> <p>Results faxed/emailed/telephoned .....</p> <p>Comments.....</p>
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