



SAMPLE SUBMISSION FORM

Please complete the form in full and ensure all details are legible.

Irish Equine Centre
 Johnstown, Naas, Co. Kildare
 Tel: +353-45-866266
 Fax: +353-45-866273

Email: iec@irishequinecentre.ie
 Web: www.irishequinecentre.ie

Vet Name [§] :			
Vet Address:			
Phone/Fax:		Date sampled:	
Email:			
Owner:		Species:	
Animal Name:		Sex:	Age:
Brief History:			

Sample Submitted										
Blood:	<input type="checkbox"/>	Urine:	<input type="checkbox"/>	Faeces:	<input type="checkbox"/>	Swab:	<input type="checkbox"/>	Tissue:	<input type="checkbox"/>	Other:
Details:										

Procedure Required		
Haematology/Biochemistry	Bacteriology	Faecal Testing
Virology	Histopathology	Other – please specify

***IF THE IEC REPORT GENERATED FROM THE ABOVE SAMPLE SUBMISSION IS TO BE USED FOR THE PURPOSES OF CERTIFICATION FOR SALES, BREEDING, RACING OR EXPORT, THIS FORM MUST BE SIGNED BY THE SAMPLING VET.**

Signature _____