



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: jec@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:	<input type="checkbox"/>
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Details:

Procedure Required

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