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<b>Laboratory Request Form</b>
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Vet Name:						
Vet Address:						
Phone/Fax:				Date sampled:		
Email:						
Owner:				Species:		
Animal Name:			Age:		Sex:	
<b>Brief History:</b>						

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

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