



Sample Submission Form

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

Irish Equine Centre
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 Fax: +353-45-866273

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

| | | | | | |
|--------------------------------|--|----------------------|--|------|--|
| Vet Name: | | | | | |
| Vet Address | | | | | |
| Phone/Fax: | | Date / Time sampled: | | | |
| Email: | | | | | |
| Owner: | | Species: | | | |
| Animal Name/ Microchip No.: | | Sex | | Age: | |
| Brief History: | | | | | |
| | | | | | |

| Sample Submitted | | | | | | | | | |
|----------------------------|--------|---------|----------------|---------|--------|------------------------|--|--|--|
| Blood: | Urine: | Faeces: | Swab: | Tissue: | 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: _____