

**URGENT REQUEST (additional £6)**

DWR Diagnostics Laboratory Request Form

Dick White Referrals, Station Farm, London Road, Six Mile Bottom, Suffolk CB8 0UH Tel: 01638 572 900 Fax: 01638 572 901 Email: lab@dickwhitereferrals.com Web: www.dwrdiagnostics.com

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date |  | Vet Code |  | Submitted Samples - specify | |
| Case No. |  | Vet |  | EDTA | Urine - plain |
| Animal Name |  | Address |  | Heparin | Urine - boric |
| Owner Name |  | Serum | CSF |
| Species |  | Citrate | Fluid |
| Breed |  | Phone |  | Oxalate | Slides |
| Age | Yrs Mths | Fax |  | Histology | Faeces |
| Sex ( circle) | M / F Neut / Entire | Email |  | Swab - dry | Swab - charcoal |

|  |
| --- |
| **COMPULSORY INFORMATION NEEDED BEFORE HANDLING YOUR SAMPLES**  Has this patient travelled outside the UK? **YES NO**  If **YES** please specify the country or countries:  Is there any clinical suspicion for a zoonotic infection? Specify: **YES NO**  Is there any clinical suspicion for Mycobacterium infection? **YES NO**  Has the patient got a history of a raw food diet? **YES NO** |
| **History including drug treatment. Specify source of cytology/swabs etc** |

Please tick the box to indicate which tests you require:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| CBC (with morphology)  Lab Code: CBC1 |  |  | Health Screen  Lab Code: HEAD (Dog) HEAC (Cat) |  |  | Urine Protein & Creatinine ratio  Lab Code: UPC |  |
| Basic Profile  Lab Code: BASI |  |  | OSPT/APTT  Lab Code: CLOT |  |  | Urinalysis & culture  Lab Code: UAC |  |
| Full Profile  Lab Code: FULL |  |  | FNA  Lab Code: FNA |  |  | Faecal Analysis  Lab Code: FA |  |
| GI pancreatic profile  Lab Code: GIP |  |  | Effusion (Circle Culture)  Lab Code: EFF (EFFC) |  |  | Swab Culture  Lab Code: CS |  |
| Geriatric Cat profile  Lab Code: GERI |  |  | Urinalysis  Lab Code: UA |  |  | Histology  Lab Code: HIST |  |

For all other tests please indicate tests required in the box below:

|  |  |
| --- | --- |
| Test request | Code (see price list) |
|  |  |
|  |  |
|  |  |
|  |  |
| Previous submissions (include lab number and date) |  |

All clinical information and residual blood and tissue samples collected for diagnostic purposes may be retained for use in clinical studies where appropriate for the ultimate benefit of animal welfare. All data would be anonymised and any owner details not included.

|  |  |
| --- | --- |
| Please tick this box if you do NOT want your clients samples used for these purposes. |  |