Fertility Testing

Please bring the completed form and sample to the reception desk at Dick White Referrals.

^Ple	ase complete in full							
	nal name:*			Addres	SS:*			
Clie	nt surname:*							
Spe	cies:*							
Bree	∍d:*	Age:*		Email:*	*			
	ULSORY INFORMATION		HANDLIN	IG YOUR	<u>SAMPLES</u>	YES	NO	
	Has this patient travelled outside the UK? If <u>YES</u> please specify the country or countries:					ILS	МОШ	ш
Is there any clinical suspicion for a zoonotic infection? Spec						YES	NO	
Is there any clinical suspicion for Mycobacterium infection Has the patient got a history of a raw food diet?				ır		YES YES	NO 🔲	片
	gesterone						tection in the	bitch
0.5ml Heparin plasma					timing of ma	ating		
Res	ults by email				Price: £39.8	34 (inc VA	T)	
Results by email and telephone call					Price: £46.20 (inc VAT)			
(Add	ditional £5.00)							
Tele	ephone number							
Plea	ase state the purpose o	of the progestero	ne test					
		programa						
	Timing of mating							
	 Assessment for pr insufficiency in pre 							
			-	=				
	 To predict the time parturition (birth) OI						
Car	d Details for Payment	t; (or pay with c	ard/cas	h at rec	eption)			
Card	d Holder Name:							
Card	d Number:							
Vali	d From:							
Vali	d To:							
3- d	igit Security Code:							