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RVC DIAGNOSTIC SERVICE

LABORATORY EXAMINATION REQUEST

(For more information, contacts etc, please consult our price list)

	DATE RECEIVED	CHARGE 7 R 40 + \$	UNIT NUMBER
LAB USE ONLY \$			
YOUR REF:	CLIENT NAME	ANIMAL NAME	DATE COLLECTED
SPECIES & BREED		AGE	SEX
PREVIOUS SAMPLES SENT FROM THIS CASE? YES/NO			OUR REF:
HAVE YOU SPOKEN TO A MEMBER OF STAFF RE: THIS CASE? NAME: Heather Covey			
VETERINARY SURGEON: NAME & ADDRESS		SAMPLE TYPE AND SITE: <small>(* Please send: serum for biochemistry, Lithium Hep for exotics)</small> 2-3 x serum samples (total 2ml).	
		EXAMINATION REQUIRED: Q0116 - Post iodine panel Residual serum to be stored at CIC (HC and HS project) Please send results to H.Covey at QMHA	
TEL:			
FAX:			
Email:			
/FAX RESULTS? YES/NO			

HISTORY Date of radioactive iodine administration.....

Current clinical signs (please circle/tick those that apply)

- | | | |
|--------------------|-------------|------------------|
| Vomiting | Weight loss | Poor hair coat |
| Diarrhoea | PUPD | Seborrhoea sicca |
| Increased appetite | Weight gain | Pinnal alopecia |
| Inappetence | Lethargy | |

Bodyweight.....kg

% R G \ & R Q G L W L R Q 6 F

HPDFLDWHG
VOLL LGHDO
REHVH

Blood pressure readingmmHg

Quality of life questionnaire completed Yes/No

THERAPY/DRUGS: