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| **LABORATORY NO.** |  |  |



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| DATE | | | OWNER | | | | | CLINICIAN (Name in full please) | | |
| SPECIES | | BREED | | | | SEX | AGE | | | NAME/NUMBER |
| CYTOLOGY SAMPLE  ☐ | | | | | | | | | | |
| SAMPLE: LOCATION/DESCRIPTION | | | | | | | | | | |
| HISTORY/CLINICAL DATA: (PRIMARY COMPLAINT, SEVERITY, DURATION, LESION SIZE, RATE OF DEVELOPMENT) | | | | | | | | | | |
| OTHER AVAILABLE INFORMATION | | | | | | | | | | |
| MICROBIOLOGY  ☐ | CLINICAL CHEM.  ☐ | | | | HAEMATOLOGY  ☐ | | RADIOGRAPHS  ☐ | | PATHOLOGY inc. ref. No.  ☐ | |
| DRUGS GIVEN | | | | | | | | | | |
| CLINICAL DIAGNOSIS: Please list in order of priority | | | | PATHOLOGIST NOTES: | | | | | | |
|  | | | | PATHOLOGIST: | | | | | | |