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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: |