

SAMPLE SUBMISSION FORM

DATE	ANIMAL ID / MICROCHIP	
VETERINARY SURGEON	OWNER'S NAME	
ACC. NO	ANIMAL NAME	
ADDRESS	SPECIES	AGE
	BREED	SEX
	FOR TITRE REQUEST: DATE OF LAST DHP VACCINE	

MANDATORY INFORMATION	Y	N
Does the patient originate from outside the UK?		
IF YES, PLEASE SPECIFY COUNTRY:		
Sample been obtained from a patient receiving chemotherapy or radioactive iodine?		

Please tick all tests required:

CANINE		
TTC	Titre Test Canine (ICH/CPV/CDV)	
CLW	Canine Lungworm Screen (<i>Angiostrongylus vasorum</i>)	
CHW	Canine Heartworm Screen (<i>Dirofilaria immitis</i>)	
CPROG	Canine Progesterone Test	
TNC	Troponin (TnI): Canine	
BNPC	NT-ProBNP: Canine	
CARDC	Cardiac Panel: Canine (TnI & NT-ProBNP)	
ALLC	Allergy Testing: Canine	
FELINE		
TTF	Titre Test: Feline (FPLV/CFHV/FCV)	
TNF	Troponin (TnI): Feline	
BNPF	NT-ProBNP: Feline	
CARDF	Cardiac Panel: Feline (TnI & NT-ProBNP)	
ALLF	Allergy Testing: Feline	
EQUINE		
ALLE	Allergy Testing: Equine	

We endeavour to deliver results same day as sample receipt.