



Lab use only

SAMPLES TAKEN Date: / / (yyyy/mm/dd) Time of day : Date sent / / (yyyy/mm/dd)

SUBMITTED BY Veterinarian Owner Other BILL Veterinarian Other

Important. Please read. Contact information must be supplied with all samples submitted for testing to the Animal Health Lab ("AHL").

Form with fields for Clinic no., Clinic, Address, City, Veterinarian, Email, etc.

*DEMOGRAPHIC INFORMATION IMPORTANT*** History (treatments, vaccinations, management, including all current drug therapy)

Main testing section with columns for VIROLOGY, BACTERIOLOGY, MYCOPLASMOLOGY, TOXICOLOGY, PARASITOLOGY, HISTOPATHOLOGY, CLINICAL PATHOLOGY, EXTERNAL LABS, and # SPECIMENS.

