

Sample Submission Form

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Veterinary Surgeon.....
 Address (for report)

Postcode.....
 Tel.....
 Fax.....
 Email.....

TDDS USE ONLY

Barcode.....

Date received.....

URGENT REQUEST (extra fee)

Patient Details
 Animal name.....
 Owner name.....
 Animal ID.....

 Species.....
 Breed.....
 Age.....
 Sex.....
Sampling date.....

Samples Submitted					
		TDDS			TDDS
EDTA			URINE VOID		
HEP			URINE CYSTO		
CLOT			SWAB		
SPUN GEL			SCRAPE		
OXF			SLIDES		
CITRATE			HISTO		
FAECES			OTHER		

Profile, Screen, Test	Code	Price

Clinical history and comments, including recent treatment

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Stored samples* may be used for clinical research. Please tick this box if you DO NOT want your client's samples used.

*Samples will only be used after the holding timeframe specified on the pricelist