# SAMPLE SUBMISSION FORM

VPG Veterinary Pathology Group
A MEMBER OF SYNLAB

**POSTAL ADDRESS:**

**PO BOX 632, Exeter, EX1 9JS**

VPG | Exeter
Formerly TDDS

| PRACTICE DETAILS | | | |
|---|---|---|---|
| Veterinary Surgeon: | | | |
| Veterinary practice: | | | |
| Practice code: | | | |
| Practice address: | | | |
| | | | |
| Email: | | | |
| Tel: | | Fax: | |

| PATIENT DETAILS | | | | |
|---|---|---|---|---|
| Species: | | | | |
| Animal name: | | | | |
| Owner name: | | | | |
| Sex: | M | MN | F | FN |
| Age: | | Breed: | | |
| Client Ref: | | | | |
| Sample Date: | | | | |

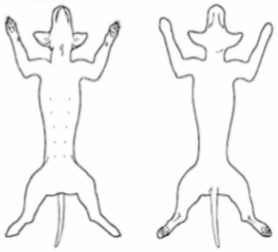
| TESTING REQUIREMENT (Please include site where appropriate) | CODE |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Fasted >12 hrs: Yes No | |

**SYNLAB VPG USE ONLY**

| URGENT REQUEST (EXTRA FEE) | |
|---|---|

| SAMPLE TYPE | NO. | VPG | QUALITY |
|---|---|---|---|
| EDTA | | | |
| HEPARIN | | | |
| CLOT | | | |
| SERUM GEL | | | |
| OXF | | | |
| CITRATE | | | |
| OTHER (PLEASE SPECIFY) | | | |
| SLIDE | | | |
| SCRAPE | | | |
| HISTO | | | |
| SWAB-CHARCOAL | | | |
| SWAB-OTHER | | | |
| FAECES | | | |
| URINE -BORIC | | | |
| URINE SOURCE | VOID | CATH. | CYSTO. |
| URINE -PLAIN | | | |
| URINE SOURCE | VOID | CATH. | CYSTO. |

Cytology/Histo Site



CLINICAL HISTORY AND COMMENTS, INCLUDING RECENT TREATMENT (Please DO NOT use this section for testing requirements)

Previous submission lab numbers:

Remaining stored samples may be used for clinical research. Tick this box if you DO NOT want your client's samples used. ☐