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**RVC DIAGNOSTIC SERVICE**

**LABORATORY EXAMINATION REQUEST**

(For more information, contacts etc, please consult our price list)

	DATE RECEIVED	CHARGE 7 R 40 + \$	UNIT NUMBER
LAB USE ONLY \$			
YOUR REF:	CLIENT NAME	ANIMAL NAME	DATE COLLECTED
SPECIES & BREED		AGE	SEX
PREVIOUS SAMPLES SENT FROM THIS CASE? YES/NO			OUR REF:
HAVE YOU SPOKEN TO A MEMBER OF STAFF RE: THIS CASE? NAME: Heather Covey			
VETERINARY SURGEON: NAME & ADDRESS		SAMPLE TYPE AND SITE: (* Please send: serum for biochemistry, Lithium Hep for exotics) 2-3 x serum samples (total 2ml).	
TEL: FAX: Email:		EXAMINATION REQUIRED: Q0116 - Post iodine panel Residual serum to be stored at CIC (HC and HS project) Please send results to H.Covey at QMHA	
/FAX RESULTS? YES/NO			

**HISTORY** Date of radioactive iodine administration.....

Current clinical signs (please circle/tick those that apply)

- |                    |             |                  |
|--------------------|-------------|------------------|
| Vomiting           | Weight loss | Poor hair coat   |
| Diarrhoea          | PUPD        | Seborrhoea sicca |
| Increased appetite | Weight gain | Pinnal alopecia  |
| Inappetence        | Lethargy    |                  |

Bodyweight.....kg

% R G \ & R Q G L W L R Q 6 F

HPDFLDWHG  
VOLL LGHDO  
REHVH

Blood pressure reading .....mmHg

Quality of life questionnaire completed Yes/No

THERAPY/DRUGS: