



Clinic Information	Animal Details	<input type="checkbox"/> URGENT	
Vet:	Owner Surname:	Collection Date:	
	Animal Name / ID:		
	Species:	Age:	Previous Lab #:
	Breed:	Sex:	
	Patient/Visit #:	PIC:	
	Microchip #:		
Copy Report to (clinic, email):			

Clinical History

For Cytology and Histopathology requests include description of the lesion (location, size etc).

Non-Interpreted Profiles	Other Tests																																						
<input type="checkbox"/> Standard Profile (Canine, Feline) <input type="checkbox"/> - with Urinalysis <input type="checkbox"/> - with Urinalysis, Urine C&S <input type="checkbox"/> - with T4 <input type="checkbox"/> - with T4, Urinalysis <input type="checkbox"/> - with T4, Urinalysis, Urine C&S	<table><thead><tr><th>Code</th><th>Test</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>	Code	Test																																				
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