

Please tick if anonymised results  
**MAY NOT** be used for clinical research and  
contributing to disease surveillance

*Please send*

Submission forms  FWEC kits   
 Jiffy packs  Special delivery labels   
 ACTH packs  Cytospin

### PRACTICE DETAILS

Practice

Vet

Email 1

Email 2

Telephone

### HISTORY / CLINICAL SIGNS / DIFFERENTIALS

Date samples collected .....

Previous sample submitted? Yes  No  Ref .....

Lab Ref	Animal Name	Owner Name	Age	Sex	Species/Breed	Sample Type	Test(s) Required

