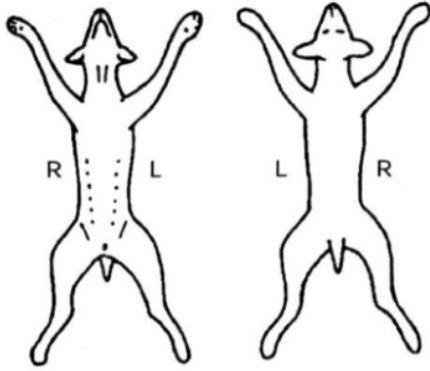




## CYTOLOGY & FLUID ANALYSIS REQUEST FORM

<b>Veterinary Practice</b> (address, phone, e-mail)				<b>Clinician</b>			
<b>Sampling date/time</b>				<b>Previous lab no.(s)</b>			
<b>Animal's name</b> + I.D. number, if available				<b>Owner's name</b>			
<b>Species</b>		<b>Breed</b>		<b>Sex</b>		<b>D.O.B.</b>	
<b>Samples submitted</b>							
<b>Clinical history</b> (primary complaint, duration of illness, additional findings/ancillary test results, etc.)							
<b>Lesion description</b> (location, size, rate of development, etc.)							
<b>Clinical diagnosis</b> (list of differentials)				<b>Laboratory notes</b> (for lab use only)			
<p><b>Consent for retention of samples on behalf of owner:</b> The owner agrees the above samples submitted from the named animal described above will be the property of the University of Edinburgh and may be shared with third parties and used for teaching and/or research purposes by the University of Edinburgh and its collaborators (whether academic or non-academic). The University may choose to commercialise the results of any such research.</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> Signature _____</p>							