



# Lab Services Ltd

## Histopathology Request Form

Tel 01923 252800 E-mail lab@labservices.uk.com

### Sample(s) Submitted

Number (pots) .....

Site(s) .....

.....

.....

Clinical History, including any Current Therapy

Practice Stamp	
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Case Vet	<b>Has the patient ever travelled outside the UK?</b>  <b>YES/NO</b>  If YES, where and when?
Sample Date	

Owner Surname
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Patient Name
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Species	Breed
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Age	Sex
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LAB USE ONLY	
Filing Reference	
Date Received	