



Lab Services Ltd

Cytology Request Form

Tel 01923 252800

E-mail lab@labservices.uk.com

Owner	
Patient Name	
Species	Breed
Age	Sex

Practice Stamp	
----------------	--

Slide(s) submitted

Number

Site(s)

Case Vet

Has the patient ever travelled outside the UK?

YES/NO

Sample Date

If YES, where and when?

Tube(s) submitted

EDTA Plain

Bacterial C&S

Fungal culture

Site(s)

CSF BAL

Pleural/Thoracic Tracheal Wash

Peritoneal/Abdominal Nasal Wash

Pericardial Prostatic Wash

Synovial Fluid Cystic Fluid

Bone Marrow Other

Urine Cysto

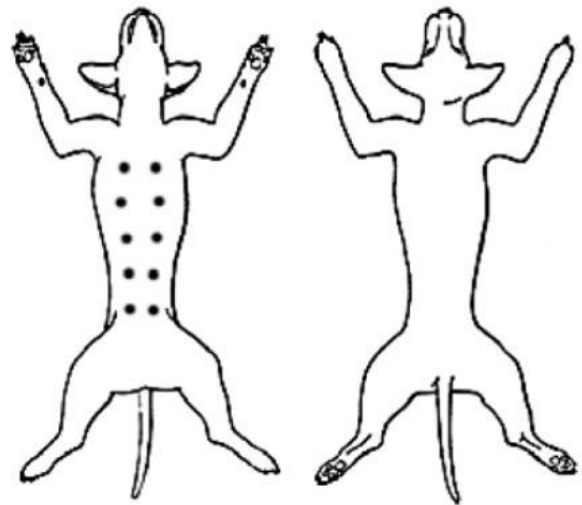
Catheter

Free Catch

Other/Tissue

Specify Site

Tick to Indicate if the patient has received antibiotics in the 10 days prior to sampling.....



Clinical History, including any Current Therapy

LAB USE ONLY

Filing Reference



Lab Services Ltd

Unit 8, Mowat Industrial Estate, Sandown Rd, Watford WD24 7UY
Tel: 01923 252800 Email: lab@labservices.uk.com

All testing carried out at Lab Services Ltd is subject to our Test Policies which can be found here <https://labservicesltd.com/>

Controlled Document

CD MAN/029 V6 Lab Services Cytology Request Form

Issued 21-02-24