



Lab Services Ltd

Histopathology Request Form

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

Sample(s) Submitted

Number (pots)

Site(s)

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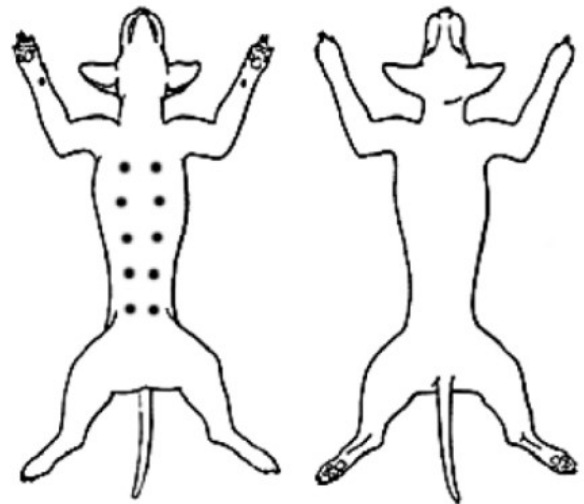
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Clinical History, including any Current Therapy

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

Owner Surname	
Patient Name	
Species	Breed
Age	Sex



LAB USE ONLY
Filing Reference
Date Received