SAMPLE SUBMISSION FORM

VPG Veterinary Pathology Group
A MEMBER OF SYNLAB

POSTAL ADDRESS:
South Cork Industrial Estate, Vicar's Road
Pouladuff, Cork, Ireland T12 DNW4

VPG|Cork
Formerly VLSI

PRACTICE DETAILS			
Veterinary Surgeon:			
Veterinary practice:			
Practice code:			
Practice address:			
Email:			
Tel:		Fax:	

PATIENT DETAILS				
Species:				
Animal name:				
Owner name:				
Sex:	M	MN	F	FN
Age:		Breed:		
Client Ref:				
Sample Date:				

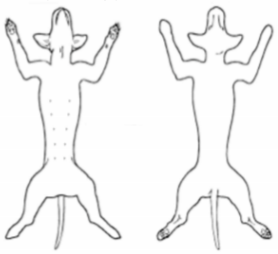
TESTING REQUIREMENT (Please include site where appropriate)	CODE
Fasted >12 hrs: Yes No	

SYNLAB VPG USE ONLY

URGENT REQUEST (EXTRA FEE)	

SAMPLE TYPE	NO.	VPG	QUALITY
EDTA			
HEPARIN			
CLOT			
SERUM GEL			
OXF			
CITRATE			
OTHER (PLEASE SPECIFY)			
SLIDE			
SCRAPE			
HISTO			
SWAB-CHARCOAL			
SWAB-OTHER			
FAECES			
URINE -BORIC			
URINE SOURCE	VOID	CATH.	CYSTO.
URINE -PLAIN			
URINE SOURCE	VOID	CATH.	CYSTO.

Cytology/Histo Site



CLINICAL HISTORY AND COMMENTS, INCLUDING RECENT TREATMENT (Please DO NOT use this section for testing requirements)

Previous submission lab numbers:

Remaining stored samples may be used for clinical research. Tick this box if you DO NOT want your client's samples used. ☐