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:				

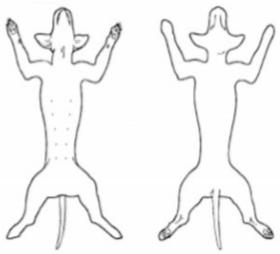
TESTING REQUIREMENT (Please include site where appropriate)	CODE
Fasted >12 hrs:	Yes / No

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:

Please note that by submitting this Order Form you are confirming to the best of your knowledge, that you have completed this document accurately and that you have reviewed, understood and accepted the VPG Standard Terms of Business that will apply to any provision of goods or services between the parties (unless otherwise agreed in writing) a copy of which can be found at www.vet.synlab.co.uk

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