LABORATORY REQUEST FORM

(For use ONLY by Veterinary Surgeons)

| Date sample received (la | b use) | | | | | | S. X. |
|---|---|---|--------------|-------------------------|------------------------|------------------|---------|
| Please complete the inf | formation | n below as rec | quired. | | | _ | E DONKI |
| Submitting Vet Surgeon | | | | | | | |
| Referring Practice | | | | | | | |
| Address | | | | | | | |
| Postcode | | | Email | | | | |
| Telephone | | | | | Fax | | |
| Donkeys Name | | | | | Sex | | |
| Donkeys Age | | | Date sample | e colle | ected | | |
| Please provide ownersh | nip detail: | s by completi | ng the appro | priate | e box bel | ow where possi | ble: |
| Private owners name | | | | | | | |
| Guardian home name | | | | Gua | ardian No | | |
| Test required and Samp ☐ Haematology (EDTA) ☐ Biochemistry (Plain To ☐ Lungworm Larvae coo ☐ Strongyle egg count (If facilities are available pages of the serum only for | ube) unt (10g) (9g) blease cen | ☐ Glucose (☐ Fibrinoge☐ Other (pl☐ Liver Fluk | ke egg count | mbin 1 ne to (3g) | Fime (Soc discuss b | efore submissio | n) |
| History/Clinical Signs | | | | | | | |
| PARASITOLOGY: Tests small handful. (Individual | • | | | | • | , , | • |
| Results will usually be te ☐ Telephone | lephoned | or emailed th □ Email | rough once o | compl | ete. Pleas | e tick your pref | erence: |

Please pack samples in accordance with the current An Post postage regulations, clearly marked as 'SAMPLES', FAO: Veterinary Department, to arrive between Monday and Thursday Inclusive.

THE DONKEY SANCTUARY (IRELAND) LIMITED

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