

▶ Sample Request Form



CTDS Ltd.
 Blacksmiths Forge, Brookfield Farm,
 Selby Road, Garforth.
 W. Yorks. LS25 1NB

Tel: 0113 287 0175 / 6259
 Fax: 0113 286 5127
 Email: info@ctdslab.co.uk
 Web: www.ctdslab.co.uk

Patient Details (please complete)	
Your Client Ref: (if applicable)	
Species:	
Animal Name:	
Owners Name:	
Owners Address:	
Post Code:	
Sex:	M / F Status: Neut / Ent
Age of Animal:	Yrs Mths
Breed:	
Sample Date:	DD / MM / YY
Urgent Request:	<input type="checkbox"/> Please tick & add £2.00

Practice Details	
Veterinary Surgeon:	<preprint practice details>
Practice Name:	<preprint practice details>
Practice Address:	<preprint practice details>
Post Code:	<preprint practice details>
Tel Number:	<preprint practice details>
Fax Number:	<preprint practice details>
Email Address:	<preprint practice details>
Practice Code:	<preprint practice details>
CTDS Ref:	CTDS Use

Testing Requirements (please complete)	
Profile, Screen, Test	Code

Swab taken from:	
Cytology/Histology taken from:	

For Histology requests – please indicate your preferred supplier by ticking as appropriate or leave blank for Abbey.

<input type="checkbox"/> Abbey	<input type="checkbox"/> Finns	<input type="checkbox"/> IDEXX	<input type="checkbox"/> Other _____
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Clinical History and Comments, including recent treatment

Previous submissions (Lab number and date)

If you require additional supplies please tick and indicate requirements overleaf.

CTDS Use Only	
Date received:	
Sample Types	
EDTA	
Hep	
Clot	
Spun Gel	
Oxf	
Citrate	
Urine	
Faeces	
Swab	
Scrape	
Slides	
Histo	
Other	

CTDS Notes