

Animal Health Trust

Diagnostic Laboratory Services

Lanwades Park, Kentford, Newmarket, Suffolk CB8 7UU
 Tel: 01638 552993 Fax: 01638 555643 E-mail: diagnostics@aht.org.uk



Multiple Request Form

PLEASE COMPLETE IN **BLOCK CAPITALS** USING BLACK OR BLUE PEN

Veterinary Surgeon _____ Veterinary Practice _____ Address _____ _____ _____ Tel No. _____ Fax No. _____ Email. _____ Results FAX <input type="checkbox"/> EMAIL <input type="checkbox"/>	Owner _____ Date Sampled ____ / ____ / ____ Type of Premises _____ Date of Onset ____ / ____ / ____ No. Affected _____ No. in Contact _____	Type of Sample/s being submitted _____ _____ _____ Test/s Required _____ _____ _____
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CLINICAL DETAILS

AHT Laboratory Reference Number	Name of Animal (Please print clearly)	Has a previous sample been sent from this animal	Species / Breed	Sex & Age	Vaccination History if Equine Influenza/Herpes/EVA

Please tick box if samples **CANNOT** be used for anonymous surveillance

FOR LAB USE:	Time Received:	
Opened by:	Split by:	Histo
Tests Assigned by:	Bact	Serol
	Clin Path	Viol
Entered by:	Cyto	Research

