

**SAMPLE SUBMISSION FORM**



**TDDS**  
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 University of Exeter, Rennes  
 Drive,  
 Exeter, EX4 4RN

Tel: 01392 262 404 / 342  
 Fax: 01392 262 354  
 E-mail: tdds@exeter.ac.uk

**Veterinary Surgeon**.....  
 Address (for report).....  
 .....  
 .....  
**Postcode**.....  
 Tel:.....  
 Fax:.....  
 E-mail:.....

**TDDS USE ONLY**  
 Date received.....  
 Lab number.....  
 Samples received.....  
 .....  
**Account ref**.....  
 Notes.....  
 .....

**Patient Details**  
 Animal Name.....  
 .....  
 Owner Name.....  
 Owner Address.....  
 .....  
**Postcode**.....  
 Species.....  
 Breed.....  
 Age.....  
 Sex.....  
**Sampling date**.....

**URGENT REQUEST (extra £2)**

**Samples Submitted**

EDTA		SWAB	
HEP		SCRAPE	
CLOT		SLIDES	
SPUN GEL		HISTO	
OXF		<b>OTHER</b>	
CITRATE			
URINE			
FAECES			

Profile, Screen, Test	Code	Price

**Clinical history and comments including recent treatment**

.....  
 .....  
 .....  
 .....

**Previous submissions (Lab number and date)**

.....  
 .....

Please photocopy  
 Please photocopy  
 Please photocopy