

# SUBMISSION FORM



**TDDS**  
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## Vet. Surgery

## Vet. Surgeon

Address (for report)

## Postcode

Tel:

Fax:

E-mail:

## Patient Details

Animal Name

Owner Name

Owner Address

## Postcode

Species

Breed

Age

Sex

## Sampling date

## Profile, Screen, Test

### TDDS USE ONLY

Date received.....

Lab number.....

Samples received.....

.....

.....

Account ref.....

Notes.....

.....

.....

## URGENT REQUEST (extra £2)

### Samples Submitted

EDTA

FAECES

HEP

SWAB

CLOT

SCRAPE

SPUN GEL

SLIDES

OXF

HISTO

CITRATE

OTHER

URINE

Clinical history and comments including recent treatment

Previous submissions (Lab number and date)