

Office use only
Date received
MM    PCR    BP    V

# Submission Form | Diagnostic Laboratories

Date collected	Time collected	Date sent	Lab code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Submitting Vet:

Email address (for results):

Submitting vet's address:

CP Branch/Centre code:     Animal reference no:

Animal's name:

Microchip no:

Species: Feline    Breed:

Age:     Sex:

Owners name:     Previous ref:

Langford vet:

Invoice address:  
CP Finance Department,  
Cats Protection National Cat  
Centre,  
Lewes Road,  
Chelwood Gate,  
Haywards Heath  
RH17 7TT

Sample sent: Please tick and indicate quantity (and site):

EDTA   
  Clotted   
  Swab   
  Fluid   
  Tissue   
  Other

Clinical history, travel history; zoonosis risk e.g. Brucella spp.  
 Has this patient been imported or visited a country outside the UK? Yes / No    If yes, please specify which country  
 NB. Zoonosis risk and travel history including country are mandatory details

**Feline Immunodeficiency virus (qPCR)**

Clade A virus

0.5ml EDTA blood, turn around time 3-5 working days