

Production Animal Submission Form

Name of Submitter:		Species:	
Name of Institute & Address:		Breed:	Sex:
Ph: _____ Fax: _____		Age: _____	
Email: _____		Client reference no: _____	
		DATE: DD / MM / YY	Collection Time: 24H : MIN

No.	Animal ID	No.	Animal ID	No.	Animal ID	No.	Animal ID
1		8		15		22	
2		9		16		23	
3		10		17		24	
4		11		18		25	
5		12		19		26	
6		13		20		27	

*Additional space for animal list is provided at the back of the page

HISTORY, SIGNS, LESIONS:

DIFFERENTIAL DIAGNOSIS: 1. _____ 2. _____ 3. _____

Additional documentations submitted: Clinical medical history In-house blood work Diagnostic image

SAMPLES SUBMITTED (tick ✓) Tissue: Fixed Unfixed Fluid: EDTA Sterile container sterile container / tube

Serum Faeces Swab Slide Others _____

Total number of samples submitted: _____ **Specify all sites samples are collected from:** _____

TESTS REQUESTED (tick ✓)	Other Test / Requests: (Please specify)
Histopathology / Post Mortem <input type="checkbox"/> Biopsy <input type="checkbox"/> Post mortem <input type="checkbox"/> Histology from samples collected at post mortem	

VDL USE ONLY	EDTA: _____ Swab: _____	Comments: _____
Time & Date: _____	Plain: _____ Slides: _____	
Staff member: _____	Heparin: _____ Other: _____	



CITYU VETERINARY DIAGNOSTIC LABORATORY
城大動物醫療檢驗中心

CITYU VETERINARY DIAGNOSTIC LABORATORY

Y1710, Academic Building 1
City University of Hong Kong
83 Tat Chee Avenue
Kowloon, Hong Kong

P: 852-3442-4849 | F: 852-3442-0819 | E: infovdl@cityu.edu.hk

No.	Animal ID	No.	Animal ID	No.	Animal ID	No.	Animal ID
28		47		66		85	
29		48		67		86	
30		49		68		87	
31		50		69		88	
32		51		70		89	
33		52		71		90	
34		53		72		91	
35		54		73		92	
36		55		74		93	
37		56		75		94	
38		57		76		95	
39		58		77		96	
40		59		78		97	
41		60		79		98	
42		61		80		99	
43		62		81		100	
44		63		82		101	
45		64		83		102	
46		65		84		103	