## **AQUARIUM** SUBMISSION FORM

ZOO, AC	<b>UATIC AND</b>	<b>EXOTIC A</b>	NIMAL	MEDICIN
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DATE RECEIVED	BOOKED	SCANNED				
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TYPE OF SAMPLE						
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Telephone: 01535 692000 Email: pathologists@izvg.co.uk

Website: www.izvg.co.uk

Pathologists:

Mark Stidworthy MA VetMB PhD FRCPath FRCVS RCVS Recognised Specialist in Veterinary Pathology (Zoo and Wildlife)

Andrew Rich BVSc DiplECVP AFHEA MRCVS EBVS® European Specialist in Veterinary Pathology

PATHO					K			/
VETERINARY SURGEON SUBMITTING SAMPLE				OWNER OR COL	LECTION			
PHONE:					PHONE:			
FAX:					FAX:			
EMAIL (for reporting):				EMAIL:	AIZENI			
PO NUMBER include if applicable				DATE SAMPLE T ENCLOSURE/TA				
AHEF NUMBER ANIMAL NAME/NUMBER					WEIGHT	INK		
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COMMON NAME					AGE	or if		
						<sup>unknown:</sup> ADULT	JUVENILE	NEONATE
TEST REQUIRED Please t	tick box(es	s) for test(s) red	guired. Furth	er tests ma	y be included at	IZVG pathologist's dis	cretion. GRE	EN BOXES NEEDED
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http://www.izvg.co.uk Premises registered for Cat 1 / 2 ABP: U1263798/ABP