## Place Your Clinic Letterhead Here

## AGENT FOR SHIPMENT OF SAMPLE TO DIAGNOSTIC LABORATORY:

Clinical Pathology Laboratory, Room 1582
Prairie Diagnostic Services
52 Campus Drive
Saskatoon, Saskatchewan, S7N 5B4 CANADA
Phone: (306) 966-7316 Fax: (306) 966-7302

**THE ENCLOSED SPECIMENS FROM:** 

## TO WHOM IT MAY CONCERN:

Animal I.D. / Name:		
Animal Species/Breed:		
Owner's Name:		
Case/Clinic Number:		
SPECIMEN TYPE:		
Circle or write the appropriate sample type:	blood serum	urine
	other	
<ol><li>The material was not derived from cats of infectious agents of agricultural concern.</li></ol>	· ·	
Veterinarian Name:		
Clinic Name:		
Address:		
Phone Number:	Date:	·
FOR PRAIRIE DIAGNOSTIC SERVICES LABORA	TORY USE ONLY	
Shipper's Signature:	Date:	
Courier Invoice (Wayhill) Number:	Cou	intry of Origin: CANADA

THESE SPECIMENS ARE EXTREMELY IMPORTANT DIAGNOSTICALLY
\*\*\*DELAY OF ANY KIND WILL RENDER THEM USELESS\*\*\*

End of Form Version Date: June 9, 2023