



# LABORATORY ADVICE NOTE

## ANIMAL HEALTH LABORATORY

165 Westbury Road, PROSPECT 7250  
Telephone: (03) 6777 2111  
PO Box 46, KINGS MEADOWS 7249  
Fax: (03) 63443085

E-mail: specimenreception@dpiuwe.tas.gov.au

### OFFICE USE ONLY

Accession No.

Serial No.

Charge Code  Case Manager

Name & Address for Reply .....

Phone ..... Fax .....

Urgent  Email .....

Submitter's Name .....

Copy to .....

Owner's Name .....

Address .....

Town .....

Date of Collection

Sender's Reference

PIC

Submitter

Abattoir Lab Other Owner Practitioner Dept

Species .....

Breed/Type .....

Sex .....

Age .....

Animal ID (please complete a separate ID Sheet if more than 12 animals)

1..... 2..... 3..... 4.....  
5..... 6..... 7..... 8.....  
9..... 10..... 11..... 12.....

Sample Type & No. Submitted

Test Required

.....  
.....  
.....  
.....  
.....

### OFFICE USE ONLY

Date of Receipt

Presenting Signs

Charge Codes

Path Bact Para Sero Viro Clin TisC MoBi

No. in group  No. ill  No. dead  Duration  days/weeks/months

### HISTORY & CLINICAL SIGNS

### Provisional Diagnoses

Submitter's Signature .....

DPIPWE Case Manager's Signature .....