

Comparative Neuromuscular Diseases Laboratory

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Email: neuromuscular@rvc.ac.uk

Veterinary Surgeon:			
Owner Name:			
Patient Name:			
ID/ Reference number:			
DOB:			
Sex:			
Species / Breed:			
Medication/Clinical details:			
Tests Required:			
	Tick if	Result	Units
	required	(Lab use only)	(Lab use only)
Lactate (pre)			
Pyruvate (pre)			
Ratio (pre)			
Lactate (post)			
Pyruvate (post)			
Ratio (post)			
Other			
For Lab Use Only:			
Specimen type			
Request date and time			
Requested by			
Comments			