

Veterinary Surgeon:
Owner Name:
Patient Name:
ID/ Reference number:
DOB:
Sex:
Species / Breed:
Medication/Clinical details:

Tests Required:			
	Tick if required	Result (Lab use only)	Units (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	