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REQUEST FOR BACTERIOLOGICAL CULTURE ON
 INDIVIDUAL COW SAMPLES

VETERINARY SURGEON/SPONSOR.....
 ADDRESS FOR RESULTS

POST CODE TEL NO.....

ACCOUNT TO

CLIENT REF

DATE OF SUBMISSION

Number of samples submitted.....
 (Please ensure all pots are clearly labeled with cow identification)

Antibiotic Sensitivity Tests Required? YES/NO

Do these samples accompany a bulk tank analysis? YES/NO

Have these samples been submitted following a bulk tank analysis carried out in the last four weeks?
 If Yes, please state the previous laboratory reference

Would you like cell counts carried out on these samples?

HISTORY	OTHER INFORMATION
High cell count cows.....	

Clinical cases.....

Sub clinical cases.....

How would you like these results reported?

Email? Address

Fax? Number

Results will only be available by email or fax