



HAIR TISSUE MINERAL ANALYSIS REQUEST

Please send hair sample accompanied with payment to:

InterClinical Laboratories Pty Ltd

PO Box 6474 Alexandria NSW 2015 Australia

ACN 076 386 475

Phone: (02) 9693 2888

Fax: (02) 9693 1888

Email: lab@interclinical.com.au

Owner Details (Optional)

SURNAME		FIRST NAME	
ADDRESS			
		STATE	POSTCODE
PHONE	EMAIL		

Patient Details

All **other** animal reports provide specimen results data only - reference ranges may or may not be available.

EQUINE CANINE OTHER (Please specify)

NAME		BREED
AGE	SEX	

Any Previous Report? Yes No

Hair Sample Date

DAY	MONTH	YEAR
-----	-------	------

IF YES, PLEASE PROVIDE
LAB NO.
DATE

Referred by *REFERRED REPORTS WILL BE RETURNED TO THE CONSULTING PRACTITIONER

NAME		
TYPE OF PRACTITIONER		PROV/MEM NO.
ADDRESS		
SUBURB	STATE	POSTCODE
PHONE	EMAIL	
SIGNATURE		
REASON FOR TEST		

CURRENT MEDICATIONS/SUPPLEMENTS

TYPE OF REPORT (Please) **Standard Report** **Additional elements: Boron** **Antimony**

Please read back for detailed report information.

OFFICE USE ONLY		
DATE RECEIVED	SAMPLE WEIGHT	AMOUNT RECEIVED

