## Laboratory Address:

Grange House Sandbeck Way Wetherby West Yorkshire LS22 7DN Telephone 00800 1234 33 99



Test Report

Invoice Address:

Riverside House Riverside Walk Windsor Berkshire SL4 1NA Telephone 00800 1234 33 99 Fax 01573 838901

Reference No: 1001939859

Account Code: G200

J C BONE

PROFORMA ACCOUNT (PTT2)

FOR PROFORMA INVOICES REQUEST

WETHERBY

Owner / Patient

SPURR, HARRO VOM

HEILGENTAL

Canine

German Shepherd Dog

Age: 4M8D

Sex: Male PIMS: 2299681

. .

Date of Sampling: 24/04/2014
Date of Receipt: 25/04/2014

Date of Report: 16/06/2014

Tests Requested: PRE PAY PTT

\*\* Billed \*\*

## HAEMATOLOGY

Test Result Alert Units Reference Range

\*Partial

16.8

seconds

Thromboplastin Time

Dog : HARRO VOM HEILIGENTAL.

Reg. NO. : SV 2299681

Microchip no.: 981189900043858

Owner : Mrs Spurr.

Address :

Wakefield, West Yorkshire,

Normal result.

A copy of the result has been sent to your veterinary practice.

Details of the result will be forwarded to GSD Breed Council - Great Britain.

Dr Larry Roberts PhD BVM&S MRCVS Clinical Pathologist 3

Total request fee: £13.80 plus VAT

\* Previously reported to the customer.

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The above fee is inclusive of all tests requested under this reference number.

This is not a VAT invoice.

Please see IDEXX website (www.idexx.co.uk/ukas) for details of Test Methods.