



TEST ORDER FORM

Order Ref:

Submitting Clinician:

Vet Practice:

Vet Email:

Vet Tel:

Pet Owner

Pet Name:

Pet D.O.B

Pet MRN (Medical Record Number):

Pet Species:

Pet Breed:

Gender:

☐ Male ☐ Female |

Neutered:

☐ Yes ☐ No

Date of Test (dd/mm/yyyy):

Date Posted (dd/mm/yyyy):

Previous Lab Ref (If applicable):

Test Tube Number:

Sample Type

- ☐ Blood (Cell 3 Stabiliser) ☐ Tumour (FFPE) ☐ Tumour (FNA)
☐ Urine ☐ Urine is Stabilised ☐ Other?

If other, please specify:



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Select Test(s):

- ☐ All ☐ K9-LiquidX ☐ URI - LiquidX (sequencing)
☐ TMB - MSI ☐ BRAF ☐ Other?

If other, please specify:

If submitting urine, please specify type:

Tick if K9 LiquidX Info Required:

☐

Aid Disease Diagnosis:

- ☐ Yes ☐ No

Aid Disease Monitoring:

- ☐ Yes ☐ No

Previous Sample(s) submitted?

- ☐ Yes ☐ No

Additional Notes:

Diagnosis:

Location of Tumour:

Size of Tumour:

Stage of Tumour:

Grade of Tumour:

Suspected Metastasis:

- ☐ Yes ☐ No

Please note that the services performed by CanCan Diagnostics are subject to the CanCan Diagnostics Terms & Conditions of Supply which were updated on 2023 and which are deemed to be incorporated into this contract. For a copy of these terms and information concerning the test methods employed, sample requirements and test pricing please contact CanCan Diagnostics.