

Regional Study of Protection Conferred by Core Vaccination Submission Form

Sample Requirement: Serum or clotted blood (2ml)	Courier number for sample pick up: 2371 0080
admin@vetdiagnosticcentre.com.hk	vetdiagnosticcentre.com.hk
Clinic Name:	Submitting Veterinarian:
Patient Details:	Patient Vaccination History:
<p>Patient Name/Clinic Number:</p> <p>Owner's Name:</p> <p>Age:</p> <p>Breed:</p> <p>Sex: M/F</p> <p>Neutered / Entire</p>	