

Submitted samples will receive **FREE** – Fructosamine, Fasting Glucose, Triglycerides, Cholesterol, Cholesterol:Triglyceride ratio

A full set of samples is required. Samples must be taken at least 6 hours after food and insulin

2 ml blood in plain/serum gel tubes* 1 ml sodium fluoride tube (yellow)

* Please note that serum gel/plain tubes should be centrifuged before posting, the serum separated, and both the serum AND clot/ remaining gel should be submitted with this form

Please ensure the minimum necessary number of needle sticks are performed to obtain the required blood volume (3mls). If any blood remains in the syringe after filling the above tubes, we would be grateful if this could be submitted in EDTA.

If the initial sample is/ has been submitted within 6 weeks of the cat being diagnosed with diabetes, we would appreciate a follow up sample 3 months after initial diagnosis.

Please Circle: **New Sample** **Follow up Sample**

Practice name & address:.....

..... Post code:.....

Fax number..... Telephone number.....

Email.....

Name of Vet in charge of case:..... Signed by owner or Vet:.....

N.B. Signature indicates that owners have been informed and consent to excess blood being used for clinical research (including genetic analysis) Owners name:..... Animals name:.....

Age:.....yr.....mths Breed:..... Sex: (please circle) FE FN ME MN

Current weight:.....and body condition score (BCS):...../9 Weight at diagnosis:..... and BCS at diagnosis:...../9 (see <https://www.vetmed.vt.edu/vth/docs/WSAVA-Feline-BCS-Chart.pdf>)

Had the cat been overweight within 3 years prior to diagnosis? (please circle) Yes No Unknown

Does the cat have diabetes? (please circle) Yes No Unknown Date of diagnosis of diabetes:.....

Date insulin treatment was started:.....

Date sample taken:..... Date current insulin dose was started:.....

Type of insulin used:..... Dose:..... Frequency: (please circle) SID BID

Is there any suspicion of acromegaly or any other form of insulin resistance: (please circle) Yes No

If so, why do you suspect this:.....

Do you consider the cats' diabetes to be well controlled? (please circle) Yes No

If not, please list the reasons and clinical signs (e.g. pu/ pd, polyphagia, weight loss).....

What diet is the cat on:..... Frequency of meals:.....

Any other concurrent diseases (e.g. pancreatitis, dental disease, other endocrinopathy) or medical treatment.....

Lab use only: Do not process unless signed by CIC CIC signature and date:.....

Please enter in LIMS as LS01. Research lab code: 2204 VCS 1088

Samples should be sent to:

Clinical Investigation Centre, Royal Veterinary College
Hawkshead Lane, North Mymms, Hatfield, Hertfordshire, AL9 7TA

Email: fdrc@rvc.ac.uk Tel:01707666605 Fax:01707666623

Please ensure the correct postage is used

