



BUDAPESTI UROLITH CENTRUM

BUDAPEST, 1135 LEHEL U. 43.

Tel.: (1) 350-1166, Fax: (1) 350-0361

Internet: www.buc.hu, E-mail: bende@buc.hu

Pr.No.:

Request form for urolith analysis

Veterinarian's name: Dr.

Address:

Clinic:

Tel.:

E-mail: *

Owner's name:

Address:

Data of the patient:

breed:

dog: **cat** :other ; name:

sex: M : cM : F : nF: **date of birth:** (mm/yy) **colour:**

THE UROLITH

removed voided
urethra bladder ureter kidney

first occurrence

recurrence:

date of the first onset:

prev. diagnosis:

Date: , 20

signature, stamp

To be filled in by the laboratory!

Accepted:

Description:

Completed:

UMC:

FTIR:

Mineral name	%
Struvit	
Newberyit	
Calcium Ox. mh	
Calcium Ox. dh	
Apatit	
Karb.ap.	
Brushit	
Am.urate	
Cystin	
sodium.urate	
Silicate	
Uric acid	
Xanthin	
Dih.ade	
other:	

IMPORTANT: The condition of the urolith analysis is the form to be filled in completely.

On-line data sending is also available at http://buc.hu/content/form_online.html

*Result will be sent exclusively by e-mail.