

A Veterinary Endocrine Specialty Lab

Applied BioSciences
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"No Accession Fee"

Referring Clinic / Laboratory Information

Clinic/Laboratory name	
Address Street: City, State, Zip:	
Referring Clinician	Account # <small>(if known)</small>
Phone	Fax
Email	Preferred reporting method <input type="checkbox"/> email <small>(select one)</small> <input type="checkbox"/> fax

Patient Information

Owner's last name	Species
Animal name/ID	Breed
Sex	Age:

Laboratory Testing Information

Specimen type	Collection date
Test(s) requested:	
History/Provisional Diagnosis Medication:	
Special requests, comments	

OFFICE USE ONLY _Fedex _Mail Date rec'd: _ Frozen _ Dry ice
 Opened by: _Fedex-grnd _Pri-mail Time rec'd: _ Rm Temp
 _UPS-grnd _Exp-mail _ Cool _ Cold pack
 _UPS-ND _Other: Date shipped: _ None
 _ Cold

Biological samples submitted to Applied BioSciences may be used for teaching and research purposes consistent with our mission