



UC Davis Clinical Endocrinology Laboratory

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<https://www.vetmed.ucdavis.edu/labs/endo-lab>

endlab@ucdavis.edu

<input type="checkbox"/> Equine Pregnancy Panel (\$40.00) Progesterone / Estrone Sulfate 1 ml serum	<input type="checkbox"/> Cryptorchid Panel (\$75.00) Testosterone / AMH 2 ml serum	Equine GCT Panel I <input type="checkbox"/> Inhibin / Testo / Prog (\$90.00) 3 ml serum
<input type="checkbox"/> Progesterone (\$22.00) 0.5 ml serum	<input type="checkbox"/> Testosterone (\$29.00) 2 ml serum	Equine GCT Panel II <input type="checkbox"/> AMH / Inhibin / Testo (\$130.00) 3 ml serum, most sensitive panel
<input type="checkbox"/> Equine/Caprine Estrone Sulfate (\$25.00) 0.5 ml serum	<input type="checkbox"/> Equine Inhibin (\$57.00) 1 ml serum	<input type="checkbox"/> Equine AMH / Inhibin (\$100.00) 2 ml serum
<input type="checkbox"/> AMH (\$60.00) Feline/Canine 0.2 ml serum	<input type="checkbox"/> AMH Feline/Canine /Progesterone Panel (\$75.00) 0.5 ml serum	<input type="checkbox"/> Equine AMH (\$60.00) 1 ml serum
<input type="checkbox"/> DHP/Progesterone by Mass Spec (\$100.00) 2 mL serum *Mare must be over 120 days pregnant		<input type="checkbox"/> Repeat Panel by Mass Spec (No charge, subject to lab approval) 2 mL serum

Please review our sample handling requirements.

Client Information (PLEASE print clearly)

Clinic/Hospital Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: Dr. _____ Phone: _____

Patient Information:

Owner: _____ Animal name: _____

Animal/Reference #: _____ Species: _____ Mini-equine

Sex: Male Female Intact Castrated Spayed Age: _____

Date collected: _____ Last breeding date: _____

History: _____

Receive Results:

Fax: _____ Email: _____

Payment Information:

Pay online using the link on our website: <https://www.vetmed.ucdavis.edu/labs/endo-lab>

Please check if paid online, or put credit card information below.

Signature: _____ Date: _____

MasterCard Visa American Express

Credit Card # _____ - _____ - _____ Expiration Date: _____