



## Amino Acid Laboratory Sample Submission Form

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Email: [ucd.aminoacid.lab@ucdavis.edu](mailto:ucd.aminoacid.lab@ucdavis.edu)

[www.vetmed.ucdavis.edu/labs/amino-acid-laboratory](http://www.vetmed.ucdavis.edu/labs/amino-acid-laboratory)

Submitting veterinarian information					
Clinic name:	Veterinarian name:				
Mailing address:					
Clinic email:					
Clinic phone:	Clinic fax:	Tax ID:			
Owner information					
Owner name:					
Mailing address (required if billing owner):					
Owner email:			Owner phone:		
Patient information					
Pet name:	Canine		Feline		
Age:	Breed:	Sex: M	MC	F	FS
Body Condition Score (9 point scale): (Dogs: 4 to 5 is ideal; Cats: 5 is ideal)					
Body weight:	Current:	Ideal:	kg	lb	
Current medical problems and date of diagnosis:					
<u>Current and recent diets</u>					
Brand and formula:					
Amounts fed:		Start date:			
Brand and formula:					
Amounts fed:		Start date:			
Sample type(s): plasma    whole blood    urine    other					
Test requested: taurine    complete amino acid panel    urine cystine					
Preferred method of reporting results:    Fax    Email					

**Clinic submissions:** Invoices are emailed to your clinic (from [no-reply@mail.ppms.info](mailto:no-reply@mail.ppms.info)), unless a mailed invoice or owner billing is required; payment via wire transfer, check, or credit card.

**Research submissions:** UC Account # (non-federal funds)

Results (lab use only)				
Plasma	Whole blood	Urine	Food	Other
Reporter's initials		Date		