ENDOCRINOLOGY LABORATORY
DEPT. of POPULATION HEALTH & REPRODUCTION
1 SHIELDS AVENUE, TUPPER HALL, ROOM 1114
SCHOOL of VETERINARY MEDICINE
UNIV. of CALIFORNIA, DAVIS, CA 95616
Phone: (530) 752 0298 Fax: (530) 752 6318
http://www.vetmed.ucdavis.edu/PHR/endolab.htm

UCDAVIS VETERINARY MEDICINE

Billing Information (PLEASE print clearly) Customer No: 3-VPHR-_____

Clinic/Hospital Name:_____

Address:_____

Contact Dr. _____ **Results:** □ Phone:_____

□ Fax:_____ □ Email: _____

Owner:_____ **Animal name**:_____

Animal/Reference #:_____ **Species**:_____ Age:_____

Sex: □ M □ F □ Mini-equine □ Intact □ Castrated □ Spayed

Date collected:_____ **Last breeding date**:_____

Individual Assays, Diagnostic Panels Request:

□ **Progesterone** ($16.00) □ **Testosterone** ($25.00) □ **Estradiol** ($25.00)
□ **Estrone Sulfate** ($25.00) □ **Inhibin** ($57.00)
□ **Equine pregnancy panel:** Progesterone & Estrone Sulfate ($35.00)
□ **Equine Granulosa Cell Tumor**: Inhibin, Testosterone & Progesterone (80.00)

History:_____

_____

_____

PLEASE INCLUDE CREDIT CARD INFORMATION
THIS IS MANDATORY AS OF NOVEMBER 30TH

Payment Information: Signature:_____Date:_____
□ Mastercard □ Visa Name:_____

CC#: - - - Expiration Date: Security code: