



All fields of this form are required, unless otherwise indicated. Submit form along with laboratory samples. Ship samples FedEx overnight, Monday-Thursday only. Some testing have specialized submission forms.

Check our website for most up-to-date information, including shipping conditions.

[http://www.vetmed.ucdavis.edu/vmth/lab\\_services/clinical\\_labs/index.cfm](http://www.vetmed.ucdavis.edu/vmth/lab_services/clinical_labs/index.cfm)

UC Davis VMTH  
 Central Laboratory Receiving, Room 1033  
 1 Garrod Drive, Davis, CA 95616-8747  
 (530) 752-VMTH (8684), fax (530) 752-5055

**Referring Clinic / Laboratory Information**

Clinic/Laboratory name	
Address	
Referring Clinician	VMTH Client ID (if known)
Phone	Fax
Email	Preferred reporting method (select one) <input type="checkbox"/> email <input type="checkbox"/> fax <input type="checkbox"/> mail

**Patient Information**

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

**Laboratory Testing Information**

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

**CLR USE ONLY**

Opened by:	<input type="checkbox"/> Fedex	<input type="checkbox"/> Mail	Date rec'd:	<input type="checkbox"/> Frozen	<input type="checkbox"/> Dry ice
	<input type="checkbox"/> Fedex-grnd	<input type="checkbox"/> Pri-mail		<input type="checkbox"/> Rm Temp	<input type="checkbox"/> Cold pack
	<input type="checkbox"/> UPS-grnd	<input type="checkbox"/> Exp-mail	Time rec'd:	<input type="checkbox"/> Cool	<input type="checkbox"/> None
	<input type="checkbox"/> UPS-ND	<input type="checkbox"/> Other:		<input type="checkbox"/> Cold	
			Date shipped:		