



Clinical Diagnostic Laboratory
Equine Blood Typing & Antibody Screen
Submission Form

All fields of this form are required, unless otherwise indicated. Submit form along with laboratory samples. Ship samples FedEx overnight, Monday-Thursday only. Check our website for most up-to-date information, including turnaround times and shipping conditions. www.vetmed.ucdavis.edu/vmth/lab_services/clinical_labs/index.cfm

UC Davis VMTH, Central Laboratory Receiving Attn: Hematology, Room 1033, 1 Garrod Drive, Davis, CA 95616
 (530) 752-VMTH (8684), fax (530) 752-5055, UCDVetClinicalLabs@ucdavis.edu

Referring Clinic Information

Owner/Clinic name	Phone
Address	Email
Referring Clinician	Fax
VMTH Client ID (if known)	Preferred reporting method (select one; results emailed unless otherwise indicated) <input type="checkbox"/> email <input type="checkbox"/> fax

Laboratory Testing Information

Test type requested <input type="checkbox"/> Antibody screen* <input type="checkbox"/> Blood typing <input type="checkbox"/> Blood donor <input type="checkbox"/> Y <input type="checkbox"/> N Stallion's blood included for crossmatch with mare (EDTA) * Test results are valid 2 weeks before foaling ** Antibody screen using mare's serum	Sample to send 2mL serum minimum** 5mL EDTA or ACD 2mL serum & 5mL EDTA or ACD	Date samples collected Additional comments
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For test questions, please call (530) 752-1303

Horse ID	Breed	Sex __M __S __G	NI Antibody Screen				Blood Type Compatibility Mare/stallion
			Expected foaling date*	Previous confirmed NI?	Mare bred to donkey?	Confirmed NI** (date foal was born)	
		__M __S __G		___ Yes ___ No	___ Yes ___ No		___ Yes ___ No
		__M __S __G		___ Yes ___ No	___ Yes ___ No		___ Yes ___ No
		__M __S __G		___ Yes ___ No	___ Yes ___ No		___ Yes ___ No
		__M __S __G		___ Yes ___ No	___ Yes ___ No		___ Yes ___ No
		__M __S __G		___ Yes ___ No	___ Yes ___ No		___ Yes ___ No
		__M __S __G		___ Yes ___ No	___ Yes ___ No		___ Yes ___ No