 **UC Davis Clinical Endocrinology Laboratory**

 ***3230 VM3B, 1089 Veterinary Medicine Dr., Davis, CA 95616-5270***

 ***Phone: 530-752-0298 FAX: 530-752-6318***

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

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| □ **Equine Pregnancy Panel ($40.00)****Progesterone / Estrone Sulfate**1 ml serum | □ **Cryptorchid Panel ($75.00)****Testosterone / AMH**2 ml serum | **Equine GCT Panel I**□ **Inhibin / Testo / Prog ($90.00)**3 ml serum |
| □ **Progesterone ($22.00)**1 ml serum | □ **Testosterone ($29.00)**2 ml serum | **Equine GCT Panel II**□ **AMH / Inhibin / Testo ($130.00)**3 ml serum, most sensitive panel |
| □ **Estrone Sulfate ($25.00)**1 ml serum | □ **Inhibin ($57.00)**1 ml serum | □ **Equine AMH / Inhibin ($100.00)**2 ml serum |
| □ **AMH ($60.00) Feline/Canine Spaychek**0.2 ml serum | □ **AMH Feline/Canine Spaychek****/Progesterone Panel ($75.00)**0.5 ml serum | **□ Equine AMH ($60.00)**1 ml serum |

 ***endolab@ucdavis.edu***

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Receive Results:**

□ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Information :**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

□ MasterCard □ Visa □ American Express

Credit Card #­­ - - - Expiration Date: \_\_\_\_\_\_\_\_\_\_