



## Amino Acid Laboratory Sample Submission Form

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[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 for results:		Clinic email for billing:		
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:				
Current and recent diets				
Brand and formula:				
Amounts fed:		Start date:		
Brand and formula:				
Amounts fed:		Start date:		
Sample type(s):	plasma	whole blood	urine	food other
Test requested:	taurine	complete amino acid panel	carnitine	
	urinary cystine/creatinine	thiamin	other	
Clinic submissions: Invoices are emailed to your clinic (from <a href="mailto:no-reply@mail.ppms.info">no-reply@mail.ppms.info</a> ), 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		