



Amino Acid Laboratory Sample Submission Form

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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
F				
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 no-reply@mail.ppmis.info), 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		