# Amino Acid Laboratory Sample Submission Form

1089 Veterinary Medicine Drive
University of California, Davis, CA 95616
Ph:530-752-5058 Fax: 530-752-4698
Email: ucd.aminoacid.lab@ucdavis.edu
www.vetmed.ucdavis.edu/labs/amino-acids-laboratory

## Submitting Veterinarian Information

**Clinic name:** **Veterinarian name:**

**Mailing address:**

**Clinic phone:** **Clinic fax:**

**Email for results:**

**Email for Billing:**

**Invoices are emailed to your clinic (from no-reply@mail.ppms.info) Payment via wire transfer, check, or credit card.**
**NOTE As of 12/1/2026 we no longer bill clients. All testing will be billed to the clinic.**
**UC Davis submissions: You must have a PPMS account for internal billing**
**PPMS Account name:**
**Chart string:**
**To create an account please go to this site: https://research.ucdavis.edu/research-support/research-core-facilities/stratocore-ppms/**

## Client Information

**Client name:**

## Patient Information

**Pet Name:** ☐ Canine ☐ Feline

**Age:** **Breed:** **Sex:** M ☐ MC ☐ F ☐ FS ☐

**Body Condition Score (9-point Scale) – Dogs 4-5 is ideal; Cats 5 is ideal**

**Current body weight:** **Ideal body weight:** **kg** **lb**

**Current medical problems and date of diagnosis:**

**Current and recent diets:**

**Brand and formula:** **Brand and formula:**

**Amounts fed:** **Start date:** **Amounts fed:** **Start date:**

**Sample type(s):** Plasma ☐ Whole Blood ☐ Urine ☐ Food ☐ Other ☐

**Test(s) requested:** Taurine ☐ Complete Animo Acid Panel ☐ Carnitine ☐

Urinary Cystine/Creatinine ☐ Thiamin ☐ Other ☐

## Results (lab use only)

Plasma Whole Blood Urine Food Other

Reporter's Initials: Date: