



**UC Davis Clinical Endocrinology Laboratory**  
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[www.vetmed.ucdavis.edu/phr/labs/endo-lab](http://www.vetmed.ucdavis.edu/phr/labs/endo-lab)

## Progesterone/DHP Ratio Determination by Mass Spectrometry

<input type="checkbox"/> <b>Progesterone/DHP by Mass Spec (\$100.00)</b> 2 mL Serum	<input type="checkbox"/> <b>Repeat Panel by Mass Spec</b> <b>(No charge, subject to lab approval)</b> 2 mL Serum
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\*Samples must be received by Tuesday for results on Friday.

**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  
 Age: \_\_\_\_\_ Date sample collected: \_\_\_\_\_ Last breeding date: \_\_\_\_\_

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

**Receive Results:**

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

**Payment Information**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MasterCard  Visa  American Express

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