



Project #

Research Sample Submission

Complete all sections of this form, digitally or by hand, and include the completed form with your sample submission.

For a complete listing of laboratory hours, submission requirements, etc, visit our website:

www.vetmed.ucdavis.edu/clinical-laboratory

UC Davis VMTH, Central Laboratory Receiving, Room 1033, 1 Garrod Drive, Davis, CA 95616-8747

(530) 752-VMTH (8684), fax (530) 752-5055

Researcher / PI		Other contact		
Phone		Email		
Study name				
VMTH Client ID or Grant #	Species	Date	# samples with this submission	
Data transfer: <input type="checkbox"/> VMACS (VMTH only) <input type="checkbox"/> Email (as listed above)				
Storage conditions (post analysis) <input type="checkbox"/> discard <input type="checkbox"/> 4°C <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C				

	Name or ID # on sample	Specimen type	Sample date	Test(s) requested (Full test name)	Lab use only
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Comments

LAB USE ONLY	<input type="checkbox"/> Fedex <input type="checkbox"/> Fedex-grnd <input type="checkbox"/> UPS-grnd <input type="checkbox"/> UPS-ND	<input type="checkbox"/> Mail <input type="checkbox"/> Pri-mail <input type="checkbox"/> Exp-mail <input type="checkbox"/> Other:	Date rec'd: Time rec'd: Date shipped:	<input type="checkbox"/> Frozen <input type="checkbox"/> Rm Temp <input type="checkbox"/> Cool <input type="checkbox"/> Cold	<input type="checkbox"/> Dry ice <input type="checkbox"/> Cold pack <input type="checkbox"/> None	Comments:
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	Name or ID# on sample	Specimen type	Sample date	Test(s) requested (Full test name)	Lab use only
11					
12					
13					
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