



Project #

Research Sample Submission

UC Davis VMTH, Central Laboratory Receiving, Room 1033, 1 Garrod Drive, Davis, CA 95616-8747
 (530) 752-VMTH (8684), fax (530) 752-5055, www.vetmed.ucdavis.edu/clinical-laboratory

	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					
_0					
_1					
_2					
_3					
_4					
_5					
_6					
_7					
_8					
_9					
_0					