



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) <input type="checkbox"/> Fax Fax #:			
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	_Fedex	_Mail	Date rec'd:	_Frozen	_Dry ice	Comments:
Opened by:	_Fedex-grnd	_Pri-mail	Time rec'd:	_Rm Temp	_Cold pack	
	_UPS-grnd	_Exp-mail		_Cool	_None	
	_UPS-ND	_Other:	Date shipped:	_Cold		



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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					
14					
15					
16					
17					
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19					
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