

CLR USE ONLY

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Clinical Diagnostic Laboratory Sample Submission Form

All fields of this form are required. Submit form along with labeled laboratory samples. Ship samples FedEx or UPS overnight, Monday-Thursday only. Do not ship USPS. Some tests have specialized submission forms. Check our website for most up-to-date information, including shipping conditions and holidays.

www.vetmed.ucdavis.edu/clinical-laboratory

UC Davis VMTH

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

Phone: (530) 752-VMTH (8684) Fax: (530) 752-5055 UCDVetClinicalLabs@ucdavis.edu

Referring Clinic/Laboratory Billing Information	
Clinic/Laboratory Name	Address
Submitting Veterinarian	VMTH Client ID (N/A if new client)
Phone	Fax
Email	Reporting Method (select one) Email Fax
Patient Information	
Owner	Species
Animal Name/ID	Breed
Sex F FS M MC Unk	DOB
Laboratory Testing Information	
Specimen Type	Storage Method RT REFR FRZ
Collection Date	Ship Date
Test(s) Requested	
History/Provisional Diagnosis	
Special Requests/Comments	

Date rec'd:

Time rec'd:

_Mail

_Pri-mail

_Other:

_Exp-mail

_ Frozen

_ Cool

_ Cold

_ Rm Temp

_ Dry ice

_ None

_ Cold pack