

## 24-Hour Urine Uric Acid Submission Form

All fields of this form are required, unless otherwise indicated. Submit form along with 24-hour urine specimen. Ship samples <u>FedEx overnight</u> with a cold pack, <u>Monday-Thursday only</u>. Check our website for most up-to-date information, including shipping conditions. www.vetmed.ucdavis.edu/clinical-laboratory

## UC Davis VMTH Central Laboratory Receiving, Room 1033, 1 Garrod Drive, Davis, CA 95616 (530) 752-VMTH (8684), fax (530) 752-5055

30) 752-VMTH (8684), fax (530) 752-5055 UCDVetClinicalLabs@ucdavis.edu

<b>Referring Clinic / Laboratory Information</b>								
Clinic/Laboratory name								
Address	Street:							
	City, State, Zip:							
Veterinaria	n	VMTH Client ID (if known)						
Phone		Fax						
Email		Preferred reporting method email   (select one) fax						
	Pa	atient Information						
Owner's las	st name	Species						
Animal name/ID		Breed						
Sex		Age/DOB						
Body Weig	ht	Daily Dose Allopurinol						
List other m	nedications given	1						
Diet								

## **24-Hour Urine Specimen Information**

Collection Date				24-Hour Urine Volume		mLs
Special requ	uests, commer	nts				
CLR USE ONLY Opened by:	_Fedex _Fedex-grnd _UPS-grnd _UPS-ND	_Mail _Pri-mail _Exp-mail _Other:	Date rec'd: Time rec'd: Date shipped:	_ Frozen _ Rm Temp _ Cool _ Cold	_ Dry ice _ Cold pack _ None	

Biological samples submitted to the VMTH Clinical Diagnostic Laboratories may be used for VMTH teaching and research purposes consistent with the mission of the University.