

**Clinical Diagnostic Laboratory
 Canine Thyroid Registry Panel
 Submission Form (Confidential)**

General instructions: Collect blood in a plain glass or plastic tube (no anticoagulants). Place the sample in the refrigerator for 60-90 minutes to allow clotting, then centrifuge. Transfer at least 2 mL of serum to a plain plastic tube, labeled with owner's name and animal ID. If the specimen must be stored more than 12 hours prior to shipping, frozen storage is recommended. **Ship samples FedEx overnight** with cold pack in a Styrofoam box with ice packs, **Monday-Thursday only. Do not send via USPS** (United States Postal Service). Samples arriving unchilled or room temperature (72°F) received within 48 hours from collection time are acceptable. Samples received more than 48 hours after collection must be stored chilled or frozen and arrive at the lab at room temperature or lower. ● Non serum samples cannot be accepted. ● Hemolyzed or lipemic serum is not recommended. ● Test results will be sent by fax or mail only to the submitting veterinarian and the OFA. ● Results are not available by telephone due to confidentiality.

Enclose this request form and an OFA application form (www.offa.org) along with 2 checks: one payable to "OFA" for inclusion in the Thyroid Database and the other payable to "VMTH" to cover the cost of laboratory testing. Submissions without a check payable to the VMTH will be charged to the referring clinic. Payment to OFA is required for processing.

Mailing address: UC Davis VMTH, Central Laboratory Receiving, Room 1033, 1 Garrod Drive, Davis, CA 95616

Questions? Contact Central Lab Receiving at 530-752-VMTH (8684) or UCDVetClinicalLabs@ucdavis.edu

www.vetmed.ucdavis.edu/clinical-laboratory

** Fee discounts apply to laboratory testing if more than 5 samples are submitted**

Referring Clinic / Laboratory Information			
Clinic/Laboratory name			
Clinic Address			
Referring Clinician		Clinic VMTH ID	
Phone		Fax	
Patient Information			
Owner's last name		Registration #	
Animal name/ID		Breed	
Sex	Age/DOB	On therapy?	
Collection date/time		Shipment date/time	
Sample type		# tubes submitted	
Brief History			

LAB USE ONLY

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Test	Result	Reference range
Canine TSH		0.00 – 0.60 ng/mL
Thyroglobulin Autoantibody (TGAA)		Negative
Canine Free T4		0.57 – 2.93 ng/dL

# tubes: _____	Date/hour sample received in lab: _____	Lab Accession Number
Temperature of sample upon receipt (°F): _____	Time of temp: _____	
Type and condition of sample upon receipt: _____	Checks: _____	