



All fields of this form are required, unless otherwise indicated. Submit form along with laboratory samples. Ship samples FedEx overnight, Monday-Thursday only. Some tests have specialized submission forms.

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 95616-8747

(530) 752-VMTH (8684), fax (530) 752-5055

UCDVetClinicalLabs@ucdavis.edu

Referring Clinic / Laboratory Information

Clinic/Laboratory name	
Address	Street:
	City, State, Zip:
Referring Clinician	VMTH Client ID <small>(if known)</small>
Phone	Fax
Email	Preferred reporting method <input type="checkbox"/> email (select one) <input type="checkbox"/> fax

Patient Information

Owner's last name	Species
Animal name/ID	Breed
Sex	Age/DOB

Laboratory Testing Information

Specimen type	Collection date
Test(s) requested:	
History/Provisional Diagnosis	
Special requests, comments	

CLR USE ONLY

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