



Amino Acid Laboratory Sample Submission Form

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www.vetmed.ucdavis.edu/labs/amino-acid-laboratory

Submitting veterinarian information					
Clinic name:	Veterinarian name:				
Mailing address:					
Clinic email:					
Clinic phone:	Clinic fax:	Tax ID:			
Owner information					
Owner name:					
Mailing address (required if billing owner):					
Owner email:			Owner phone:		
Patient information					
Pet name:	Canine		Feline		
Age:	Breed:	Sex: M	MC	F	FS
Body Condition Score (9 point scale): (Dogs: 4 to 5 is ideal; Cats: 5 is ideal)					
Body weight:	Current:	Ideal:	kg	lb	
Current medical problems and date of diagnosis:					
<u>Current and recent diets</u>					
Brand and formula:					
Amounts fed:		Start date:			
Brand and formula:					
Amounts fed:		Start date:			
Sample type(s): plasma whole blood urine food					
Test requested: taurine complete amino acid panel other					
Preferred method of reporting results: Fax Email					

Clinic submissions: Invoices are emailed to your clinic (from no-reply@mail.ppms.info), unless a mailed invoice or owner billing is required; payment via wire transfer, check, or credit card.

Research submissions: UC Account # (non-federal funds)

Results (lab use only)				
Plasma	Whole blood	Urine	Food	Other
Reporter's initials		Date		