



VETERINARY TEACHING HOSPITAL CLINICAL LABORATORIES
 Room 0044 VTH, 601 Vernon L. Tharp Street
 College of Veterinary Medicine, The Ohio State University
 Columbus, OH 43210 TEL: (614) 292-7955 FAX: (614) 292-4688

RESEARCH SPECIMEN SUBMISSION FORM

IMPORTANT: Please contact Jana Fletcher, Laboratory Supervisor to discuss sample submission and fees PRIOR to sample submission
TEL: 614-292-7951 or email: fletcher.51@osu.edu

Billina information

Principal Investigator:
Contact Person:
Department: _____ **Date:** _____ **Phone:** _____
Email: _____ **Fax:** _____
Authorized signature: _____

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Animal/Group information

Animal Name/ID (list all IDs if more than 1 animal in group):

Species:
Specimen(s) (check specimen type):

<input type="checkbox"/> Whole Blood, EDTA	<input type="checkbox"/> Whole Blood, Heparin
<input type="checkbox"/> Serum	<input type="checkbox"/> Urine
<input type="checkbox"/> Tissue aspirate/smear	<input type="checkbox"/> Other, specify: _____

Date Collected: _____
History/Provisional Diagnosis: _____

Test(s) Requested

- Complete Blood Count**
- Biochemical Profile, Complete Panel**
- Biochemical Profile, Renal Panel**
- Biochemical Profile, Liver Panel**
- Biochemical Profile, Individual tests** (Please specify tests):

- Cytology** (Specify site and type of sample, and also submit a Research Specimen Submission Form for Cytologies)

- Urinalysis**
- Other** (Please specify): _____



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RESEARCH SPECIMEN SUBMISSION CALENDAR AND PRICE QUOTE

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Contact Information

Principal Investigator:
Contact Person:

Submission Calendar

Date of submission(s) and number of samples submitted on each day:

Date (drop down menu?)	Number of samples _____
Date _____	Number of samples _____
Date _____	Number of samples _____
Date _____	Number of samples _____
Date _____	Number of samples _____
Date _____	Number of samples _____
Date _____	Number of samples _____
Date _____	Number of samples _____
Date _____	Number of samples _____
Date _____	Number of samples _____

(Attach additional sheets if needed)

Price Quote

LABORATORY USE ONLY:
Laboratory Supervisor Signature: _____
Date of Approval: