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

Billing information

Animal/Group information

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): _______________________________
RESEARCH SPECIMEN SUBMISSION CALENDAR AND PRICE QUOTE

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

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 ______
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(Attach additional sheets if needed)

Price Quote


LABORATORY USE ONLY:
Laboratory Supervisor Signature: ____________________________
Date of Approval: ________________________________