

GASTROINTESTINAL LABORATORY

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CLINIC DETAILS

Veterinarian: _____
Clinic/Hospital: Orthopedic Foundation for Animals
Address: 2300 E Nifong Blvd
City: Columbia State: MO ZIP: 65201
Clinic E-mail Address: ofa@offa.org
(E-MAILED RESULTS WILL OFTEN BE AVAILABLE SEVERAL HOURS BEFORE FAXES ARE SENT)
Telephone: 573-442-0418 Fax: 573-875-5073
Preferred reporting method: E-mail Fax Fax & E-mail

DATE: _____

LABORATORY USE ONLY

Date Received: _____
Accession #: _____
Check #: _____
Charges: _____
Amt. Received: _____

PATIENT DETAILS

Owner's Name: _____
Animal's Name: _____
Species (circle): Dog Breed: _____
Age: _____ Years Sex: M F MC FS
Your Internal Identifier: _____

IMPORTANT NOTES

Most assays are species-specific; you **MUST** indicate a species in patient details.

SEPARATE SERUM FROM CLOT BEFORE SHIPPING

Both hemolysis and lipemia may interfere with test performance.

TEST(S) ORDERED - PLEASE CHECK BOXES

Serum Bile Acids

- Pre-feeding (1.0 mL serum, fasting)
- Post-feeding (1.0 mL serum, 2 hours postfeeding)

Use ONLY FedEx, DHL or UPS for all shipping. Do NOT use U.S. Postal Service; this may cause delay in deliveries.

TOTAL CHARGES FOR THIS ANIMAL

PAYMENT METHOD: Check Enclosed (make payable to GI Lab - TAMU)

CUSTOMER IS RESPONSIBLE FOR ALL SHIPPING CHARGES.
WE CANNOT ACCEPT PACKAGES MARKED "BILL RECEIVER"