



PRE-PURCHASE SUBMITTAL FORM

1. COMPLETE ALL FIELDS 2. PRINT LEGIBLY 3. ENTER ONLY ONE HORSE PER FORM

DATE: _____ HORSE NAME: _____ CLIENT: _____

VETERINARIAN: _____
(FIRST) (LAST) (DVM / VMD / MRCVS / BVSc)

HOSPITAL/CLINIC NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

FAX NUMBER/EMAIL: _____

Enclosed is a PLASMA / SERUM sample to perform the following analysis:

ROUTINE DRUG SCREEN - Refer to Technical Brief for List of Drugs (Tuesday- Friday \$110)

FIROCOXIB (Wednesday & Friday \$150) Results available following day for Presence/Absence.

The following drug(s) was administered to the horse prior to sample collection.

Drugs of interest prioritized if less than 12 cc of plasma or serum is submitted:

****LAB USE ONLY****

Date/Time Rec'd: _____ Opened by: _____ Carrier: FED EX USPS UPS

Amount of sample: _____ Tube(s): _____ ml(s) OTHER _____

Check #: _____ Amount: \$ _____ Package: BOX ENVELOPE

Notes: _____ OTHER _____

Client Code: _____ Revised Menu: _____ Page: _____ of _____