



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) (D.V.M./V.M.D./B.V.Sc./MRCVS)

HOSPITAL/CLINIC NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

FAX NUMBER/EMAIL: _____

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

- \$130 - ROUTINE DRUG SCREEN: Results available Tuesday thru Friday. Refer to the Technical Brief for the List of Drugs included in the Routine ELISA Screen.
- \$270 - FIROCOXIB + ROUTINE DRUG SCREEN: Results available only on Wednesday & Friday. Refer to the Technical Brief for the List of Drugs included in the Routine ELISA Screen.
- \$150 - QUALITATIVE CONFIRMATION of a Pre Purchase Drug.
- \$300 - QUANTITATIVE CONFIRMATION of a Pre Purchase Drug.

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

Drug(s) of interest if less than 6 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 _____