

METABOLIC ANALYSIS LABS, INC

1202 ANN STREET

MADISON , WI 53713

Phone 608 255-2491

Fax 608 257-3015

TEST REQUEST FORM : L-CARNITINE , VETERINARY

CLIENT:

INSTITUTION _____

ATTENTION _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ **FAX** _____ **EMAIL** _____

REQUESTING VETERINARIAN _____

→ PLEASE INCLUDE BILLING ADDRESS IF DIFFERENT THAN ABOVE.

SAMPLE IDENTIFICATION:

PET ID# _____ **PET NAME** _____

SPECIES / BREED _____ **AGE** _____ **SEX** _____

OWNERS NAME _____

SAMPLE TYPE **PLASMA** ____ **SERUM** ____ **URINE** ____

SAMPLE # _____ **SAMPLE DATE** _____

SAMPLE REQUIREMENTS :

PLASMA: 1.0 milliliters (0.4 ml minimum volume) of plasma (heparin preferred, EDTA acceptable)
SERUM is also acceptable. Plasma or serum should be spun down and separated as soon as practical.
DO NOT send whole blood.

SAMPLE STORAGE:

If it will be more than 1 day until shipment please store frozen, otherwise freeze or refrigerate.

SHIPMENT on a cold pack is recommended, shipment on dry ice is optional.

Ship via overnight delivery service to our address above.

Do not ship on a Friday or just prior to a holiday.