

REQUEST FOR LABORATORY EXAMINATION

SIMONSEN DIAGNOSTIC SERVICES

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PLEASE COMPLETE THIS FORM
We will contact you for missing information, and this may delay testing

Date Submitted: _____ Purchase Order # _____
Customer #: _____ Shipping Info: _____
Institution: _____ Phone Number: _____
Billing Address: _____ Fax Number: _____
City, State, Zip _____ Email Address: _____
Submitted by: _____ Report Results By: Email Fax
A Signature Copy is mailed upon completion.
Specimen Submitted: Live Animal Serum/Plasma Whole Blood Other (specify) _____
Species: Mouse Rat Hamster Guinea Pig Other _____
Strain: _____ Number of Samples: _____

PLEASE COMPLETE ONE OF THE FOLLOWING THREE SECTIONS (USE A SEPARATE FORM FOR EACH SPECIES)

I HEALTH STATUS PROFILES

- Complete Profile** (Expanded Serology, Microbiology, Parasitology, and Histology)
 Sentinel Profile (Mouse & Rat only - Routine Sentinel Serology, Microbiology, Parasitology, and Histology)
 Basic Profile (Limited Serology, Routine Microbiology, Limited Parasitology, Routine Histology)
 Immunodeficient Profile (Expanded Microbiology, Parasitology and Histology)
 Standard Accession - 9.75% Discount (**Mouse & Rat only**: 2 Immunocompetent adults & 2 juveniles).

II INDIVIDUAL TESTS

- Serology:** Complete Panel Sentinel Panel Basic Panel Immunodeficient
 Individual Test(s): _____
 Microbiology: Routine Other (Describe): _____
 Parasitology: Routine Ecto Endo Comments: _____
 Pathology: Necropsy with Histology Histology Cytology Special Stains

III **SUMMARIZE YOUR REQUEST HERE:** _____

Clinical History (if any): _____

Diagnostic Rule-outs (if any): _____

Attending Veterinarian: _____ **Phone:** _____