

Equine Analytical Chemistry Laboratory

Form #114LE

824 Bull Lea Rn., Ste. 105, Lexington, KY 40511

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Sample Submission Form

(Please print or type all information)

Veterinarian _____

Owner _____

Address _____

Address _____

Phone (____) _____

Phone (____) _____

Email _____

Email _____

Authorizing Signature (Print and sign name) _____

All requested information must be provided to ensure receiving laboratory results

Specimens: Blood _____ Urine _____ Other _____

Horse Name _____ Gender Gelding Mare Stallion

Test(s) Requested

- Anabolic Steroids
- NSAIDs
- Bronchodilators
- Bisphosphonates
- Nutritional Analysis
- Method Validation Study
- Single Analyte _____
- Pre-Purchase Screen
- Evidence
- Split Sample Analysis (Urine)
- Split Sample Analysis (Blood)
- TCO2- Individual
- TCO2- Split Sample Analysis
- Research Study
- Expedite (2-3 business days; \$75 additional fee)

Testing Notes _____

For Lab Use Only		
Date Received _____	By _____	Delivery _____
Job Number _____	Ref Number _____	
Condition on Arrival _____		
Other (Specify) _____		
Tests: <input type="checkbox"/> NSAIDs <input type="checkbox"/> Orbitrap <input type="checkbox"/> Bisphosphonates <input type="checkbox"/> Other _____		

Please expect results in 7 to 10 business days