



**DLAM | Pathology & Laboratory Medicine Services**

David Geffen School of Medicine at UCLA  
650 Charles E. Young Drive South, CHS:5V-109  
Los Angeles, CA 90095-1718 ph: (310) 206-8120

**Routine Testing Submission Form**

Date	
PI	
Submitter	
Protocol	

Billable:	Yes
Recharge:	

Animal ID:		Animal ID:	
Animal ID:		Animal ID:	
Animal ID:		Animal ID:	
Animal ID:		Animal ID:	
Animal ID:		Animal ID:	

NHP Semi-annual Testing (Not- Billable)

Canine Quarantine Testing

**Test**

CBC/Differential  
NHP Panel  
Fecal Culture  
Fecal Sediment

**Sample Requirements**

200 ul (EDTA)  
5ml (SST)  
Rectal Swab (Cary Blair)  
Stool

**Test**

CBC/Differential  
Canine Chem Panel  
Heartworm SNAP  
Fecal Sediment

**Sample Requirements**

1ml (EDTA)  
3 ml (SST)  
Stool

For any add-on test for send-out list the exact test code#- if a number is not provided the samples will be held until test requested is confirmed.

<input type="checkbox"/>	
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<input type="checkbox"/>	

**DO NOT WRITE IN THIS BOX, INTERNAL USE ONLY.**

Date Submitted to Lab: \_\_\_\_\_

Date Processed : \_\_\_\_\_

Released to: \_\_\_\_\_ Date \_\_\_\_\_

Via: \_\_\_\_\_