



**CHEMISTRY SUBMISSION FORM**

**CONTACT INFORMATION-Clinic/Veterinarian**

**PATIENT INFORMATION**

Clinic Name: _____	Owner: _____
UW Veterinary Care Account #: _____	(last) (first)
Address: _____	Animal: _____
City, State, Zip: _____	(Name/ID)
Phone: _____	Species: _____
Fax: _____	Breed: _____
Email: _____	Age: _____ Sex: <input type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> M <input type="checkbox"/> MC
Veterinarian: _____	
Phone: _____	
Email: _____	

**ANIMAL/SAMPLE INFORMATION (Use for multiple sample submissions)**

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Animal/Specimen IDs:

1. _____	5. _____	9. _____	13. _____
2. _____	6. _____	10. _____	14. _____
3. _____	7. _____	11. _____	15. _____
4. _____	8. _____	12. _____	16. _____

\*Attach additional animal/specimen identifications

**SPECIMEN INFORMATION**

Collection Date: \_\_\_\_\_ Time:   Routine  ASAP  STAT

Specimen type:

**TESTS**

- Electrolytes
- COP
- Urine Protein Creatinine Ratio
- SA Profile w Lytes
- Osmolarity
- SA Profile without Lytes
- Other:
- Anesthesia Profile
- Liver Profile
- Renal Profile