



LABORATORY SUBMISSION FORM

Animal Blood Resources International

PHONE: (800) 243-5759

LABORATORY SUBMISSION FORM

Date of Submission: _____

	Client Sample Identification	Animal Name	Breed / Species	TEST CODE	D (Donor) or R (Recipient)	Collection Date	Comments
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

RESULTS TO:

BILL TO:

FAX: _____
PHONE: _____
E-MAIL: _____

E-MAIL REPORT: _____
FAX REPORT: _____

CHECK ONE

SUBMITTED BY: _____

Please Print

SAMPLE AND SHIPPING REQUIREMENTS:

In order to provide the best quality results, we request that you provide the sample amount requested. Samples should be shipped with blue ice packs. Wrap samples carefully for protection, and to prevent contact with ice packs. **SAMPLES SHOULD BE SENT BY OVERNIGHT COURIER.** Packages received on Saturday by **SPECIAL** arrangement **ONLY**.

Ship samples to: Animal Blood Resources, 1009 S. Clinton, Ste. A., Stockbridge, MI 49285