

Submission Instructions:

1. Preferred specimen: ½ ml serum
2. Submit a maximum of eight (8 pets / 8 patients) per form. Only one form per ziplock bag.
3. This form should be used for AccuPlex 4 - AC100 **CANINE ONLY**.
4. Label each tube with patient ID corresponding to the name on the Test Request Form.
5. Rubberband the tubes together to prevent breakage. Please **DO NOT** tape tubes together.

DATE / /

EAGLE (800) 266-6668

FOR LAB USE ONLY	1	OWNER															DOCTOR	
		PET I.D.																BREED
	FOR LAB USE ONLY		SPECIMENS SUBMITTED														<input type="checkbox"/> S	<input type="checkbox"/> R
FOR LAB USE ONLY	2	OWNER															DOCTOR	
		PET I.D.															BREED	
	FOR LAB USE ONLY		SPECIMENS SUBMITTED														<input type="checkbox"/> S	<input type="checkbox"/> R
FOR LAB USE ONLY	3	OWNER															DOCTOR	
		PET I.D.															BREED	
	FOR LAB USE ONLY		SPECIMENS SUBMITTED														<input type="checkbox"/> S	<input type="checkbox"/> R
FOR LAB USE ONLY	4	OWNER															DOCTOR	
		PET I.D.															BREED	
	FOR LAB USE ONLY		SPECIMENS SUBMITTED														<input type="checkbox"/> S	<input type="checkbox"/> R
FOR LAB USE ONLY	5	OWNER															DOCTOR	
		PET I.D.															BREED	
	FOR LAB USE ONLY		SPECIMENS SUBMITTED														<input type="checkbox"/> S	<input type="checkbox"/> R
FOR LAB USE ONLY	6	OWNER															DOCTOR	
		PET I.D.															BREED	
	FOR LAB USE ONLY		SPECIMENS SUBMITTED														<input type="checkbox"/> S	<input type="checkbox"/> R
FOR LAB USE ONLY	7	OWNER															DOCTOR	
		PET I.D.															BREED	
	FOR LAB USE ONLY		SPECIMENS SUBMITTED														<input type="checkbox"/> S	<input type="checkbox"/> R
FOR LAB USE ONLY	8	OWNER															DOCTOR	
		PET I.D.															BREED	
	FOR LAB USE ONLY		SPECIMENS SUBMITTED														<input type="checkbox"/> S	<input type="checkbox"/> R