



**VETERINARY TEACHING HOSPITAL CLINICAL LABORATORIES**  
 Room 0044 VTH, 601 Vernon L. Tharp Street  
 College of Veterinary Medicine, The Ohio State University  
 Columbus, OH 43210 TEL: (614) 292-7955 FAX: (614) 292-4688

**RESEARCH SPECIMEN SUBMISSION FORM**

**IMPORTANT: Please contact Jana Fletcher, Laboratory Supervisor to discuss sample submission and fees PRIOR to sample submission**  
**TEL: 614-292-7951 or email: fletcher.51@osu.edu**

**Billina information**

**Principal Investigator:**  
**Contact Person:**  
**Department:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Authorized signature:** \_\_\_\_\_

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Organization	Fund	Account	Budget year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Project	Program	User defined	

**Animal/Group information**

**Animal Name/ID** (list all IDs if more than 1 animal in group):  
 \_\_\_\_\_  
 \_\_\_\_\_

**Species:**  
**Specimen(s)** (check specimen type):  
 Whole Blood, EDTA       Whole Blood, Heparin  
 Serum       Urine  
 Tissue aspirate/smear       Other, specify: \_\_\_\_\_

**Date Collected:** \_\_\_\_\_  
**History/Provisional Diagnosis:** \_\_\_\_\_

**Test(s) Requested**

**Complete Blood Count**  
 **Biochemical Profile, Complete Panel**  
 **Biochemical Profile, Renal Panel**  
 **Biochemical Profile, Liver Panel**  
 **Biochemical Profile, Individual tests** (Please specify tests):  
 \_\_\_\_\_

**Cytology** (Specify site and type of sample, and also submit a Research Specimen Submission Form for Cytologies)  
 \_\_\_\_\_

**Urinalysis**  
 **Other** (Please specify): \_\_\_\_\_



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**RESEARCH SPECIMEN SUBMISSION CALENDAR AND PRICE QUOTE**

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**Contact Information**

**Principal Investigator:**  
**Contact Person:**

**Submission Calendar**

**Date of submission(s) and number of samples submitted on each day:**

Date (drop down menu?)	Number of samples _____
Date _____	Number of samples _____
Date _____	Number of samples _____
Date _____	Number of samples _____
Date _____	Number of samples _____
Date _____	Number of samples _____
Date _____	Number of samples _____
Date _____	Number of samples _____
Date _____	Number of samples _____
Date _____	Number of samples _____

(Attach additional sheets if needed)

**Price Quote**

Blank area for price quote.

**LABORATORY USE ONLY:**  
**Laboratory Supervisor Signature:** \_\_\_\_\_  
**Date of Approval:** \_\_\_\_\_