

**AML VETERINARY DIVISION 09-9589852**

Study Number \_\_\_\_\_ Delivery Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sampling Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
day month year day month year

Species: \_\_\_\_\_ Strain: \_\_\_\_\_ Sex:   Control Group    
male female yes nn

Animal ID: \_\_\_\_\_ Visit # \_\_\_\_\_ Investigator's Signature & Contact person for listed samples:  
 \_\_\_\_\_

Sample Code	Sample Code	Sample Code	Sample Code
<i>AML's Bar-Code</i>	<i>AML's Bar-Code</i>	<i>AML's Bar-Code</i>	<i>AML's Bar-Code</i>
Sample Code	Sample Code	Sample Code	Sample Code
<i>AML's Bar-Code</i>	<i>AML's Bar-Code</i>	<i>AML's Bar-Code</i>	<i>AML's Bar-Code</i>
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<i>AML's Bar-Code</i>	<i>AML's Bar-Code</i>	<i>AML's Bar-Code</i>	<i>AML's Bar-Code</i>

Please tick required test box:

Chemistry	Hematology	Urine	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Creatinine 201	<input type="checkbox"/> WBC 101	<input type="checkbox"/> Urinalysis 300	
<input type="checkbox"/> Calcium 202	<input type="checkbox"/> RBC 102	<input type="checkbox"/> Urinalysis C&S 330	_____
<input type="checkbox"/> Glucose 204	<input type="checkbox"/> HGB 103		_____
<input type="checkbox"/> Cholesterol 207	<input type="checkbox"/> HCT 104		_____
<input type="checkbox"/> T. Protein 208	<input type="checkbox"/> MCV 105		_____
<input type="checkbox"/> Globulin 210	<input type="checkbox"/> MCH 106		_____
<input type="checkbox"/> AST 215	<input type="checkbox"/> MCHC 107		_____
<input type="checkbox"/> LDH 214	<input type="checkbox"/> Platelets 122		_____
<input type="checkbox"/> Potassium 227	<input type="checkbox"/> Differential 1118		_____
<input type="checkbox"/> CPK 224	<input type="checkbox"/> Count		_____
<input type="checkbox"/> HDL 218			
<input type="checkbox"/> LDL 219			
<input type="checkbox"/> Phosphorous 203			
<input type="checkbox"/> Urea 205			
<input type="checkbox"/> Amylase 220			
<input type="checkbox"/> Albumin 209			
<input type="checkbox"/> T. Bilirubin 212			
<input type="checkbox"/> ALT 216			
<input type="checkbox"/> GGT 231			
<input type="checkbox"/> Sodium 226			
<input type="checkbox"/> Chloride 228			
<input type="checkbox"/> Triglycerides 217			
<input type="checkbox"/> Alk' Phosph. 213			

To be completed by AML:

- All samples arrived properly at AML
- Samples did not arrive properly - explain

Approved By: \_\_\_\_\_  
 (full name of AML Veterinary Dept. Employee)

Sponsor's Comments: \_\_\_\_\_