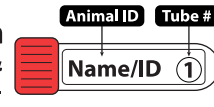



**Submission Form C**  
**EQUINE PREGNANCY**  
 (Estrone Sulfate)-Blood

Ship To:

**UBRL**  
 1300 N. Fresno St.  
 Suite#220  
 Fresno, CA 93703

**PAYMENT REQUIRED PRIOR TO REPORTING**

Office Use Only Log# _____ Acct# _____			Send Report by		
<b>Contact Info (REQUIRED)</b>			<input type="checkbox"/> Email: _____		
Business Name			<input type="checkbox"/> Name & Phone: _____		
Name			<input type="checkbox"/> Fax: _____		
Street Address			<input type="checkbox"/> Veterinarian: _____		
City, State Zip Code			Additional information, Veterinarian info, Special Instructions, Comments:		
Phone			<b>Write 'EXEMPT ANIMAL SPECIMEN' on Shipping Box.</b>		
Email			<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">Red Top Tube ONLY</div> <div style="margin-left: 10px;">Please label tubes with <b>Animal ID &amp; Tube #</b></div> <div style="margin-left: 10px;">  </div> </div>		
<b>Sample Information</b>			<b>EQUINE</b>		
Date Drawn: <u>  </u> / <u>  </u> / <u>  </u>		Date Sent: <u>  </u> / <u>  </u> / <u>  </u>			
Number of Samples Submitted: _____			Animal Type: _____		
<b>Equine Pregnancy (Estrone Sulfate)- Blood (REQUIRED) Days Post Breeding ≥90 Days</b>			Animal Breed. (REQUIRED) _____		
Check/M.O. with Samples payable to <b>UBRL</b>			OR		
					Invoice link will be emailed once samples arrive in lab
<b>Tube #</b>	<b>Animal ID</b> <small>(Must match with physical tube)</small> <b>Animal Name may be Used</b> <small>Label Tube with 'Animal ID' &amp; 'Tube#'</small>	<b>Days Post Breeding (DPB)</b> <b>REQUIRED</b>	<b>Tube #</b>	<b>Animal ID</b> <small>(Must match with physical tube)</small> <b>Animal Name may be Used</b> <small>Label Tube with 'Animal ID' &amp; 'Tube#'</small>	<b>Days Post Breeding (DPB)</b> <b>REQUIRED</b>
1			15		
2			16		
3			17		
4			18		
5			19		
6			20		
7			21		
8			22		
9			23		
10			24		
11			25		
12			26		
13			27		
14			28		
Lab Use Only	Received Date	Received By	Ice Pack	Room Temp	

**SHIPPING REQUIREMENT**

Must be shipped **OVERNIGHT** or **2-DAY**

Ice Pack Required (No Dry Ice)

Email Lab@UBRL.ORG with tracking # and # of samples sent