

Sample 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

<p>Office Use Only Log# _____ Acct# _____</p> <p style="text-align: center;">Contact Info (REQUIRED)</p> <p>Business Name _____</p> <p>Name _____</p> <p>Street Address _____</p> <p>City, State Zip Code _____</p> <p>Phone _____</p> <p>Email _____</p> <p style="text-align: center;">Sample Information</p> <p>Date Drawn: <u> </u>/<u> </u>/<u> </u> Date Sent: <u> </u>/<u> </u>/<u> </u></p> <p>Number of Samples Submitted: _____</p> <p style="text-align: center;">Equine Pregnancy (Estrone Sulfate)- Blood (REQUIRED) Days Post Breeding ≥90 Days</p>	<p style="text-align: right;">Send Report by</p> <p><input type="checkbox"/> Email: _____</p> <p><input type="checkbox"/> Name & Phone: _____</p> <p><input type="checkbox"/> Fax: _____</p> <p><input type="checkbox"/> Veterinarian: _____</p> <p>Additional information, Veterinarian info, Special Instructions, Comments:</p> <p style="background-color: red; color: white; text-align: center; padding: 2px;">Write 'EXEMPT ANIMAL SPECIMEN' on Shipping Box.</p> <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;"> <p>Please label tubes with Animal ID & Tube #</p> </div> <div style="margin-left: 10px;"> <p>Animal ID Tube #</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Name/ID ① </div> </div> </div> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">EQUINE</p> <p>Animal Type: _____</p> <p>Animal Breed (REQUIRED): _____</p>
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Check/M.O. with Samples payable to **UBRL** **OR** Invoice link will be emailed once samples arrive in lab

Tube #	Animal ID <small>(Must match with physical tube)</small> <i>Animal Name may be Used</i> <small>Label Tube with 'Animal ID' & 'Tube#'</small>	Days Post Breeding (DPB) REQUIRED for Pregnancy		Tube #	Animal ID <small>(Must match with physical tube)</small> <i>Animal Name may be Used</i> <small>Label Tube with 'Animal ID' & 'Tube#'</small>	Days Post Breeding (DPB) REQUIRED for Pregnancy
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		

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

Lab Use Only	Received Date	Received By	Ice Pack	Room Temp
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