



Project #

Research Sample Submission

Complete all sections of this form, digitally or by hand, and include the completed form with your sample submission.

Research submissions are accepted Monday through Friday only, excluding weekends and holidays.

For a complete listing of laboratory hours, submission requirements, etc, visit our website: www.vetmed.ucdavis.edu/clinical-laboratory

UC Davis VMTH, Central Laboratory Receiving, Room 1033, 1 Garrod Drive, Davis, CA 95616-8747

(530) 752-VMTH (8684), fax (530) 752-5055

Researcher / PI		Other contact	
Phone		Email	
Study name			
VMTH Client ID or Grant #	Species	Date	# samples with this submission
Data transfer: <input type="checkbox"/> VMACS (VMTH only) <input type="checkbox"/> Email (as listed above)			
Storage conditions (post analysis) <input type="checkbox"/> discard <input type="checkbox"/> 4°C <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C			

	Name or ID # on sample	Specimen type	Sample date	Test(s) requested (Full test name)	Lab use only
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Comments

LAB USE ONLY	<input type="checkbox"/> Fedex	<input type="checkbox"/> Mail	Date rec'd:	<input type="checkbox"/> Frozen	<input type="checkbox"/> Dry ice	Comments:
Opened by:	<input type="checkbox"/> Fedex-grnd	<input type="checkbox"/> Pri-mail	Time rec'd:	<input type="checkbox"/> Rm Temp	<input type="checkbox"/> Cold pack	
	<input type="checkbox"/> UPS-grnd	<input type="checkbox"/> Exp-mail		<input type="checkbox"/> Cool	<input type="checkbox"/> None	
	<input type="checkbox"/> UPS-ND	<input type="checkbox"/> Other:	Date shipped:	<input type="checkbox"/> Cold		



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	Name or ID# on sample	Specimen type	Sample date	Test(s) requested (Full test name)	Lab use only
11					
12					
13					
14					
15					
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