



Hemostasis Laboratory  
 Department of Pathobiology  
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|------------------------|----------------|
| <b>OFFICE USE ONLY</b> |                |
| Accession # _____      |                |
| Rec'd _____            | Assigned _____ |

## HEMOSTASIS LABORATORY

SAMPLE DATE: \_\_\_\_\_ AGE AT TIME OF SAMPLING OR DATE OF BIRTH: \_\_\_\_\_

ANIMAL ID: \_\_\_\_\_ BREED: \_\_\_\_\_ SEX: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

ANIMAL REGISTRATION NUMBER (if applicable): \_\_\_\_\_

NAME OF SIRE (if applicable): \_\_\_\_\_

REGISTRATION NUMBER OF SIRE (if applicable): \_\_\_\_\_

NAME OF DAM (if applicable): \_\_\_\_\_

REGISTRATION NUMBER OF DAM (if applicable): \_\_\_\_\_

PERTINENT HISTORY: \_\_\_\_\_

|   |
|---|
| <p><b>OWNER'S INFORMATION</b></p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>CITY/TOWN: _____</p> <p>PROVINCE: _____</p> <p>POSTAL CODE: _____</p> <p>COUNTRY: _____</p> <p>PHONE: _____</p> |
|---|

|  |  |
|--|--|
| <p><b>VETERINARIAN'S INFORMATION<br/>(BILLING INFORMATION)</b></p> <p>REFERRING VETERINARIAN: _____</p> <p>CLINIC: _____</p> <p>ADDRESS: _____</p> <p>CITY/TOWN: _____</p> <p>PROVINCE: _____</p> <p>POSTAL CODE: _____ COUNTRY: _____</p> <p>PHONE: _____ FAX: _____</p> <p>EMAIL: _____</p> <p>FAX RESULTS: _____ EMAIL RESULTS: _____</p> |  |
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RESULTS (if you would like the results sent to additional emails and/or faxes please list below):

EMAIL 1: \_\_\_\_\_ FAX 1: \_\_\_\_\_

EMAIL 2: \_\_\_\_\_ FAX 2: \_\_\_\_\_

SPECIMEN REQUIREMENTS: EDTA WHOLE BLOOD (1ML)  
 TURNAROUND TIME FOR RESULTS: TYPICALLY 4 TO 5 WORKING DAYS UPON ARRIVAL  
 HARD COPIES OF REPORTS AVAILABLE UPON REQUEST