



Hemostasis Laboratory
 Department of Pathobiology
 Dr. Peter W. Christopherson, DVM, PhD, DACVP
 166 Greene Hall
 Auburn, AL 36849-5519
<http://www.vetmed.auburn.edu/about/dept-of-pathobiology/diagnostic-services/>
 PH: 334-844-2797 Fax: 334-844-2652
 Email: chrispw@auburn.edu

OFFICE USE ONLY	
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: _____

OWNER'S INFORMATION
NAME: _____
ADDRESS: _____
CITY/TOWN: _____
PROVINCE: _____
POSTAL CODE: _____
COUNTRY: _____
PHONE: _____

VETERINARIAN'S INFORMATION (BILLING INFORMATION)	
REFERRING VETERINARIAN: _____	
CLINIC: _____	
ADDRESS: _____	
CITY/TOWN: _____	
PROVINCE: _____	
POSTAL CODE: _____	COUNTRY: _____
PHONE: _____	FAX: _____
EMAIL: _____	
FAX RESULTS: _____	EMAIL RESULTS: _____

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