



Hemostasis Laboratory
 Department of Pathobiology
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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