

AUBURN ENDOCRINE DIAGNOSTIC SERVICE SUBMISSION FORM

MAIL SAMPLES TO: (U.S. Mail, UPS, FED EX)

ENDOCRINE DIAGNOSTIC SERVICE
212 GREENE HALL
COLLEGE OF VETERINARY MEDICINE
AUBURN UNIVERSITY, AL 36849

HOURS: 8:00 - 11:30 AND 1:00 - 4:30 CST
PHONE: (334) 844-5400
FAX: (334) 844-5388
EMAIL: endocrine@vetmed.auburn.edu
WEB PAGE: www.vetmed.auburn.edu

DATE REC'D _____

Date	Clinic Phone	Owner's Name	Patient's Name
VETERINARIAN		SPECIES: DOG CAT HORSE OTHER _____	
CLINIC NAME		BREED	SEX AGE
ADDRESS		Clinical Signs/Pertinent History/Medication	
CITY, STATE, ZIP			
LAB NO. OF PREVIOUS TEST RESULT(S) _____			

PLEASE CHECK BOX FOR EACH TEST REQUESTED. (Cost Given in Parentheses After Test)

SAMPLE TYPE(S): **PLASMA** **SERUM**

ADRENAL TESTS

_____ BASELINE CORTISOL (\$17.50)	Pre ACTH _____	Post ACTH _____	Cortisol in nmol/L
_____ ACTH RESPONSE TEST (2 for \$33.00; 3 for \$39.50)			
_____ DEXAMETHASONE SUPPRESSION (\$39.50)	Pre Dex _____	4 hr Post _____	8 hr Post _____
_____ Low Dose - 0.01 mg/kg			Cortisol in nmol/L
_____ High Dose - 0.1 mg/kg			
_____ COMBINATION DEXAMETHASONE SUPPRESSION / ACTH RESPONSE (3 for \$39.50; 4 for \$46.00)	Pre Dex _____	4 hr Post Dex _____	Post ACTH _____
_____ ENDOGENOUS ACTH (1 for \$35.00; 2 for \$60)			ACTH in pg/ml

THYROID TESTS

_____ T4 (\$12.50)	_____ FREE T4 by DIALYSIS (\$42.50)	T4 _____	nmol/L
_____ TSH (\$20.00)	_____ T4, TSH (\$30.00)	Free T4 _____	pmol/L
_____ T4, Free T4 (\$50.00)	_____ Free T4, TSH (\$60.00)	TSH _____	ng/ml
_____ T4, Free T4, TSH (\$65.00)	_____ Thyroglobulin AA (\$15.00)	Thyroglobulin AA _____	(pos./neg./inconclusive)
----- T4, Free T4, TSH, TgAA (\$80.00)			

OTHER TESTS

_____ Progesterone (\$20.00) (Horses only) _____ ng/ml	_____ Fructosamine (\$25.00) _____ μmol/L
--	---

No charge to receive results by Email, Fax, or US Mail. Please check ✓ your preferred method.

_____ **Preferred method already on file.**

_____ Email Address: _____

_____ FAX Number: _____ _____ US Mail

MAILERS AND FORMS

_____ Small Mailer (T4, cortisol) (\$3.00) _____ (qty)	_____ Forms (no charge) _____ (qty)	Check # _____
_____ Large Mailer (\$7.00) _____ (qty)	_____ Endogenous ACTH Submission Kit (\$5.00) _____ (qty)	Enclosed \$ _____
_____ Large Mailer and Endogenous ACTH Submission Kit (\$10.00) _____ (qty) (Includes Aprotinin) (No mailer box)		

I WOULD LIKE AN INTERPRETATION OF THESE RESULTS (\$2.50)