



Endocrinology Laboratory
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FOR LAB USE ONLY:	
Endocrinology Lab No.:	_____
Date Received:	_____
Received By:	_____
Time Received:	_____

Veterinarian/Client _____

Clinic/Organization _____

Address _____

City _____ State _____ ZIP _____

Phone _____

FAX _____

Email _____

Please mark box (es) which apply:

Send results mail FAX Email

Please phone results

Payment enclosed

SAMPLE INFORMATION (species, sex, age, treatment, date(s) of collection)

ANALYSIS DESIRED: _____ **NUMBER OF SAMPLES:** _____

PLEASE LIST SAMPLE NUMBERS OR IDs BELOW IN THE ORDER TO BE ASSAYED
 (Use back of page or additional sheet if necessary)

FOR LAB USE ONLY:
Condition of Samples:

Storage:

*** If you would like results reported in a specific format, please email us a file with the desired format generated in Microsoft Excel.