



DRUG SCREEN SAMPLE ANALYSIS

1. COMPLETE ALL FIELDS 2. PRINT LEGIBLY 3. ENTER ONE SAMPLE PER FORM

DATE: _____ SAMPLE INFORMATION: _____

VETERINARIAN: _____
(FIRST) (LAST) (DVM / VMD / MRCVS)

HOSPITAL/CLINIC NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

FAX NUMBER: _____

Enclosed please find a sample to perform a DRUG SCREEN ANALYSIS.

The analysis requested for the sample submitted is as follows.

****LAB USE ONLY****

Date/Time Rec'd: _____ Opened by: _____ Carrier: FED EX USPS UPS

Amount of sample: _____ OTHER _____

Check #: _____ Amount: \$ _____ Package: BOX ENVELOPE

Notes: _____ OTHER _____

Client Code: _____ Testing Menu: _____