CENTER FOR TOX SERVICES

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.

_____

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