



# BET LABS INTERNATIONAL SAMPLE HORMONE ASSAY REQUEST FORM

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Clinic \_\_\_\_\_

Practitioner \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Species: \_\_\_\_\_ Total # of Samples \_\_\_\_\_

Country Code + Phone #: \_\_\_\_\_

Country Code + Fax #: \_\_\_\_\_

Credit Card Payment Information: Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder \_\_\_\_\_

Email: \_\_\_\_\_

Animal Name or I.D.  Two mL of serum or plasma required for all assays	Sam plin g Dat e/ Tim e	Day of Cycl e or Pre gna ncy	Proge stagen s/P4 (ng/ mL)	Total Estroge ns (pg/ mL)	Total T <sub>3</sub> (ng/ mL)	Total T <sub>4</sub> (ng/ mL)	Testost erone (pg/ mL)	Insul in ( $\mu$ IU/ mL)	LH (ng / mL)	FSH (ng / mL)	PMS G/ ECG (IU / mL) Equi ne Onl	Corti sol (ng/ mL)	ACTH (pg/ mL) Requir es plasma , sent frozen, overni
1.													
Result													
2.													
Result													
3.													
Result													
4.													
Result													

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COMMENTS: \_\_\_\_\_