HORMONE ASSAY REQUEST FORM

1501 Bull Lea Rd. Suite 102A, Lexington, KY 40511-1209
PHONE: 859-273-3036 / FAX: 859-273-0178 *www.betlabs.com*

Clinic: _____

Practitioner: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

BET Account # _____

Date _____

Total # Samples _____

Species _____

Recycled mailers (10+@$20/) (___)

**** FORMS and NORMALS available at www.betlabs.com***

Animal Name or I.D. ***Two mL of serum or plasma required for all assays. NO Red Blood Cells; No Serum Separator Tubes***	**Sampling Date/Time**	**Day of Cycle or Pregnancy**	**Progestagens/P4 (ng/mL)**	**Total Estrogens (pg/mL)**	**Total T_4 (ng/mL)**	**Testosterone (pg/mL)**	**Insulin (µIU/mL)**	**FSH (ng/mL)**	**LH (ng/mL)**	**PMSG/eCG (IU/mL) *Horse Only***	**Cortisol (ng/mL)**	**ACTH*(pg/mL)** **Requires **EDTA** plasma sent overnight, frozen, on ice, in a plastic vial*
1.												
Result												
2.												
Result												
3.												
Result												
4.												
Result												
5.												
Result												
6.												
Result												