



# ASSAY REQUEST FORM

**BET LABS**  
 1501 Bull Lea Road, Suite 102A  
 Lexington, KY 40511-1209  
 PH: 859/273-3036 / FX: 859/273-0178  
 Email: [labdirector@betlabs.com](mailto:labdirector@betlabs.com)

Account #: \_\_\_\_\_ Clinic Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Clinic Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Billing Preference: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Additional forms, normals, protocols, & more available at [www.betlabs.com](http://www.betlabs.com)

**ORDER OF RECYCLED MAILERS (\$25)**

<b>Animal Name or I.D.</b>  Species: _____	Sampling Date/Time	Day of Cycle or Pregnancy	Progestagens (P4)	Total Estrogens	Total T4	Insulin	Cortisol	PMSG (eCG)	Testosterone	ACTH* <small>Frozen Overnight, EDTA Plasma, Plastic Tube ONLY</small>	Culture <small>(I.D./Sensitivity) (SAMPLE SITE)</small>	Blood Glucose <small>Serum Overnight</small>	Equine Profile** <small>(FULL PANEL or SINGLE TEST) Serum Overnight</small>
1)													
2)													
3)													
4)													
5)													
6)													
7)													
8)													
9)													
10)													

**Sample Handling:** SEND SERUM ONLY! (NO RBCs, NO SERUM SEPARATOR TUBES); 2mL serum required. No ice required. (UNLESS SAMPLE IS FOR ACTH TESTING)

**\*ACTH MUST BE EDTA PLASMA AND SENT IN PLASTIC TUBE ONLY! SENT FROZEN, OVERNIGHT, ON ICE!**

\*\* Equine profile consists of: BUN, CO2, Na, K, Cl, AST, LDH, CK, CREA, ALP, GGT, Ca, Phos, Mg, ALB, TBili. *If requesting any single test, please write clearly on the form or in the comments.*

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