



BET LABS

1501 Bull Lea Road, Suite 102A
Lexington, KY 40511-1209

PH: 859/273-3036 / FX: 859/273-0178
Email: labdirector@betlabs.com

INTERNATIONAL ASSAY REQUEST FORM

Account #: _____ Clinic Name: _____

Address: _____

City, State, Zip: _____

Clinic Phone: _____ Email: _____

Additional forms,
normals, protocols, &
more available at
www.betlabs.com

Credit Card Payment Information: Card #: _____

Expiration Date ____ / ____ **Security Code** ____ **Cardholder Name:** _____

Animal Name or I.D.	Sampling Date/Time	Day of Cycle or Pregnancy	Progestagens (P4)	Total Estrogens	Total T4	Insulin	Cortisol	PMSG (eCG)	Testosterone
Species: _____ 1)									
2)									
3)									
4)									
5)									
6)									
7)									
8)									
9)									
10)									

Sample Handling: SEND SERUM ONLY! (NO RBCs, NO SERUM SEPARATOR TUBES); 2mL serum required.

COMMENTS: _____