

# Special Chemistry

**Clinic Information:**

**NAME:** \_\_\_\_\_

**Veterinarian:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**Clinic email:** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**Owner Information**

Last name \_\_\_\_\_

First name \_\_\_\_\_

**Patient Information**

**NAME:** \_\_\_\_\_

**AGE** \_\_\_\_\_

**Species** \_\_\_\_\_

**Breed:** \_\_\_\_\_

**SEX** \_\_\_\_\_

Canine

M

Feline

MN

OTHER

F

FS

UNK

**Instructions for Sample Submission**

Collect sample in Red top tube

Allow tube to clot

Centrifuge at 4500 RPMs for 10 minutes

Remove serum to transfer tube

Label with patient and owner information

**Samples, with a completed submission form should be delivered or mailed on ice to the above address**

**Testing is performed Monday, Tuesday, Thursday and Friday Cut-off time is 3:00 pm**

**Test Requested:**

Troponin (K9/Feline Only)

Sodium/ Potassium Bromide

How many samples are you submitting?

Pertinent History of Animal \_\_\_\_\_

Dose administered: \_\_\_\_\_

Time of last Dose: \_\_\_\_\_

Route: \_\_\_\_\_

Other drugs administered: \_\_\_\_\_

*This submission form serves as notice that all specimens, animals, and/or biological materials submitted to NC State CVM Diagnostic Laboratory Service (CVM-DLS) as well as any test results, diagnoses, or other analyses resulting from these submissions will become the property of CVM-DLS*