



Research Submission Form

Researcher Information

Name: Email:

EFS Chart String:

Project Name: Project End Date:

Phone: Cell Phone:

Department Name:

Specimen Information

Number of Samples Submitted: Species: Breed:

Specimen Label (include Lab assigned case number)	Specimen Type (Serum, EDTA, plasma, urine, CSF or Other)	Collection Date/Time	Tests ordered: (Chemistry, Hematology, Urinalysis, Cytology, Coagulation, other)	Gender (M/F)	Age

Additional Information: Results Needed by:

Internal Clinical Pathology Laboratory Information	
Client Number:	Case Number:
Submit Date and Time:	