

DATE		PURCHASE ORDER NUMBER		BILLING ADDRESS:	
INVESTIGATOR/CONTACT AND ADDRESS					
CREDIT CARD: VISA () MASTER CARD () AMEX ()					
NAME:					
CREDIT CARD NUMBER:					
EXP. DATE					
PHONE NUMBER		FAX NUMBER		ANIMAL IDENTIFICATION	
EMAIL			SPECIES		SPECIMENS

PLEASE CHECK DESIRED PROFILE TEST CODE

TEST CODE	PROFILE	TESTS IN EACH PROFILE			SPECIMEN REQUIREMENT
<input type="checkbox"/> 5134	Lipid	Glucose Cholesterol Triglyceride	HDL Cholesterol LDL Cholesterol LDL/HDL Ratio		2.0 ml serum
<input type="checkbox"/> 5106	Basic Metabolic	Glucose BUN Creatinine	Sodium Potassium	Chloride Carbon Dioxide	2.0 ml serum
<input type="checkbox"/> 591	Electrolyte	Sodium Potassium	Chloride Carbon Dioxide		2.0 ml serum
<input type="checkbox"/> 5700	Liver	Albumin Total Bilirubin Direct Bilirubin	Alkaline Phosphatase AST (SGOT) ALT (SGPT)	Total Protein	2.0 ml serum
<input type="checkbox"/> 5107	Hepatitis ABC	Hepatitis A Total Antibody Hepatitis A IgM Antibody	Hepatitis B Surface Antigen Hepatitis B Core Antibody	Hepatitis C Antibody	3.0 ml serum
<input type="checkbox"/> 670	Chemistry	Glucose Urea Nitrogen (BUN) Creatinine BUN/Creatinine Ratio Uric Acid Sodium Potassium Chloride	Carbon Dioxide Calcium Phosphorus Cholesterol Triglyceride Total Protein Albumin Globulin	A/G Ratio Total Bilirubin Alkaline Phosphatase GGT AST (SGOT) ALT (SGPT) LDH Iron	2.0 ml serum
<input type="checkbox"/> 5593	Chemistry with HDL	Glucose Urea Nitrogen (BUN) Creatinine BUN/Creatinine Ratio Uric Acid Sodium Potassium Chloride Carbon Dioxide	Calcium Phosphorus Cholesterol Triglyceride Total Protein Albumin Globulin A/G Ratio Total Bilirubin	Alkaline Phosphatase GGT AST (SGOT) ALT (SGPT) LDH Iron HDL Cholesterol LDL Cholesterol LDL/HDL Ratio	2.0 ml serum
<input type="checkbox"/> 5600	Thyroid	T3 Uptake T4 Total FTI			2.0 ml serum
<input type="checkbox"/> 1650	Hypothyroid	T3 Uptake T4 Total	FTI TSH		2.0 ml serum
<input type="checkbox"/> 611	CBC	WBC RBC Hemoglobin Hematocrit	MCV MCH MCHC	RDW Differential Platelet Count	5.0 ml whole blood