

BET Labs HORMONE ASSAY REQUEST FORM



1501 Bull Lea Rd. Suite 102 Lexington, KY 40511-1209

PHONE: 859-273-3036 FAX: 859-273-0178 www.betlabs.com

Clinic _____

Practitioner _____

Address _____

Phone _____

Fax _____

BET Account # _____

Date _____

Total # Samples _____

Species _____

Requesting: Assay forms (____)

Recycled mailers ([10+@\\$20/](#)) (____)

* **NORMALS** on www.betlabs.com

Animal Name or I.D. <i>Two mL of serum or plasma required for all assays.</i>	Sampling Date/Time	Day of Cycle or Pregnancy	Progestagens/P4 (ng/mL)	Total Estrogens (pg/mL)	Total T ₄ (ng/mL)	Total T ₃ (ng/mL)	Testosterone (pg/mL)	Insulin (µIU/mL)	FSH (ng/mL)	LH (ng/mL)	PMSG/eCG (IU/mL) <i>Equine Only</i>	Cortisol (ng/mL)	ACTH* (pg/mL) <i>*Requires EDTA plasma sent overnight, frozen, on ice, in a plastic vial</i>
1.													
Result													
2.													
Result													
3.													
Result													
4.													
Result													
5.													
Result													

LAB COMMENTS: We suggest the following assays: _____

GENERAL: _____