



BET LABS INTERNATIONAL SAMPLE HORMONE ASSAY REQUEST FORM

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

Practitioner _____

Address _____

Date _____ Species: _____ Total # of Samples _____

Country Code + Phone #: _____

Country Code + Fax #: _____

Credit Card Payment Information: Card # _____ Expiration Date _____ Security Code _____

Cardholder _____

Email: _____

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	Progstagens/P4 (ng/mL)	Total Estrogens (pg/mL)	Total T ₃ (ng/mL)	Total T ₄ (ng/mL)	Testosterone (pg/mL)	Insulin (µIU/mL)	LH (ng/mL)	FSH (ng/mL)	PMSG/ECG (IU/mL) <i>Equine Only</i>	Cortisol (ng/mL)	ACTH (pg/mL) <i>Requires plasma, sent frozen, overnight, on ice, in a plastic vial</i>
1.													
Result													
2.													
Result													
3.													
Result													
4.													
Result													

FIND NORMALS ON www.betlabs.com

COMMENTS: _____