

Veterinary Testing Request

Company Information

Company Name			
Address (Billing)			
Requested by (Print Name)		Phone #	

Sample Information (Please send all citrated samples ***frozen, on dry ice***)

ID		Name	
Species	<input type="checkbox"/> Canine <input type="checkbox"/> Feline	Gender	
	<input type="checkbox"/> Other _____	Age	
Date of Sampling		Breed	

Testing Required (Check beside each test requested)

Antithrombin		Factor II Activity		Factor X Activity	
vWF Antigen		Factor V Activity		Factor XI Activity	
Factor Panel 1 (FVII-FXI)		Factor VII Activity		Pricing is as per current pricing agreement/quotation. To obtain a copy please email sales@hemostasislab.com	
Factor Panel 2 (FII-FXI)		Factor VIII Activity			
Other: _____		Factor IX Activity			

Reporting Instructions (Please print clearly)

___ Email	
___ Fax	
___ Mail	

Please send all citrated samples ***frozen, on dry ice*** (with a copy of this form) to:

Hemostasis Reference Laboratory Inc.
Henderson Research Centre
711 Concession St, 15/H Wing, 2nd Floor
Hamilton, Ontario L8V 1C3

See blood collection and processing instruction sheets previously provided. If new copies are needed please contact Hemostasis Reference Laboratory Inc.

Results will be reported within 3 weeks of sample arrival unless otherwise agreed.
All samples will be discarded after testing, unless otherwise agreed.

Hemostasis Reference Laboratory Use Only:	
Condition upon receipt:	<input type="checkbox"/> Frozen (Proceed with Testing) <input type="checkbox"/> Thawed (Client Approval Required)
Client approval to test thawed samples	
	<div style="display: flex; justify-content: space-between;"> Signature Date </div>

Phone 905 521 2100 Ext 42667 ♦ Fax 905 575 2647 ♦ Email: hr@hemostasislab.com