

Marine/Terrestrial Ecosystem Health Diagnostic Service

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<https://ohi.vetmed.ucdavis.edu/centers/ohi-laboratory>

Submission Form

Date Received:

Sample Condition:

Received by:

Submitter's Name:

Phone: () -

Affiliation:

Fax: () -

Address:

City:

State:

Zip:

Your Reference or PO #:

Date Samples Collected: / /

Date Shipped: / /

Sample Type: Free-ranging Live Stranded Dead Stranded Captive

Send Results by Fax or E-mail:

History (Clinical signs, reason for sample collection, other pertinent history):

Animal / Specimen/ Test Information

Please consult Lab Test List and Fees for pricing and required specimens

Animal ID	Species	Sex	Age / Age Class	Specimen Type	Capture / Sampling Location	Test Requested*
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