



Reproductive Endocrine Laboratory
 ARBL/Foothills Campus
 Colorado State University
 Fort Collins, CO 80523-1683
 970/491-1645 970/491-3557 (FAX)
 www.cvmb.colostate.edu/bms/ARBL/arb_endolab

FOR LAB USE ONLY:	
Endocrine Lab No.:	_____
Date Received:	_____
Received By:	_____
Time Received:	_____

Veterinarian/Client _____

Clinic/Organization _____

Address _____

City _____ State _____ ZIP _____

Phone _____

FAX _____

Email _____

Please mark box(es) which apply:

Send results mail FAX Email

Please phone results

Payment enclosed

<u>Animal ID</u>	<u>Species</u>	<u>Sex</u>	<u>Age</u>	<u>List samples, dates collected and how preserved</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HISTORY (please include treatment, if applicable)

Please indicate analysis desired

Progesterone

Animal I.D.

FOR LAB USE ONLY:	
Result	Normal Range
_____	_____
_____	_____

Testosterone

Animal I.D.

Result	Normal Range
_____	_____
_____	_____

Mare Pregnancy Test (MPT)

Animal I.D.

Result	_____
_____	_____
_____	_____

Luteinizing Hormone

Animal I.D.

Result	Normal Range
_____	_____
_____	_____