



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**

**SAMPLE INFORMATION** (species, sex, age, treatment, date(s) of collection)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ANALYSIS DESIRED:** \_\_\_\_\_ **NUMBER OF SAMPLES:** \_\_\_\_\_

**PLEASE LIST SAMPLE NUMBERS OR IDs BELOW IN THE ORDER TO BE ASSAYED**  
 (use back of page or additional sheet if necessary)

FOR LAB USE ONLY:	
Condition of Samples:	_____
Storage:	_____

\*\*\* If you would like results reported in a specific format, please include a 3 1/2" floppy disk (or email us the file) with the desired format generated in Microsoft® Excel.\*\*\*