**SAMPLE SUBMISSION FORM**

**Redox Biology Core**

***For Lab Use Only***

Account Number:

Received by:

Case Coordinator:

Account Type:

Number of Samples:

Date received:

Carrier:

Bill to: Vet Clinic Owner Other

**University of California Davis**

Director: Dr. Cecilia Giulivi

Laboratory Manager: Dr. Eleonora Napoli

Mailing Address:

To: Dr. Eleonora Napoli

School of Veterinary Medicine

1089 Veterinary Medicine Drive

1020 VetMed 3B

Davis, CA 95616

Phone: 530-752-1438

Email: cgiulivi@ucdavis.edu

Owner's name (if different from veterinarian):

Clinic/Ranch name

Address

City

State/Zip code

Phone:

Email:

Veterinarian's Name

Clinic Name

Address

City

State/Zip code

Phone:

Email:

Your reference number:

Data sample(s) taken:

Date shipped:

Storage conditions of samples until submission

Location of animals (Facility, address):

Animal/group ID(s):

Production class (if any; e.g., beef, dairy):

Duration of illness:

Number of animals:

|  |  |  |
| --- | --- | --- |
| in herd: | Sick: | Dead: |

Date of death:

Euthanasia?

Protocol of euthanasia

If this is an abortion, what is the fetal trimester? What is the age of the dam?

History (clinical signs, nutrition, housing, vaccination, production level, etc. Use next page if more space is needed):

Treatments:

Disease(s) or condition(s) suspected:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Animal/Specimen Information | | | | | | | |
| Laboratory use | Specimen ID | Species/Breed | Sex (F/M) | Age | Quantity | Specimen Type | Test(s) Requested\* |
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\*Please indicate: Thiamine content, thiaminase, lactate content, pyruvate content, lactate-to-pyruvate ratios, ATP analyses.

Signature of Submitter:

Date: