



**Lodi Veterinary Care™**  
CLINIC · MOBILE · EMERGENCY

## Referral Lab Submission Form

Clinic	_____	Contact for Results:
Address	_____	<input type="checkbox"/> Email _____
City	_____ State ____ Zip _____	<input type="checkbox"/> Phone _____
E-mail	_____	<input type="checkbox"/> Fax _____
Phone	_____	

Specimen Information					
Sample ID	Species	Sex	Age	Sample Type	Test(s) Requested
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Sample is:  Fresh  Fixed  Frozen

Date Sample Taken \_\_\_\_\_ Date Sample Shipped \_\_\_\_\_

Special instructions or other relevant information:

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<p><b>Please mail samples to:</b></p> <p>Lodi Veterinary Care Attn: Lab 705 N Main Street Lodi, WI 53555</p>	<p><b>Drop off samples at one of our satellite clinics:</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> <p>Deforest Clinic: 639 S Main Street Suite 101 Deforest, WI 53532</p> </td> <td style="width: 50%;"> <p>Portage Clinic 110 E Albert St Portage, WI 53901</p> </td> </tr> </table>	<p>Deforest Clinic: 639 S Main Street Suite 101 Deforest, WI 53532</p>	<p>Portage Clinic 110 E Albert St Portage, WI 53901</p>
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## Specimen Information (continued)

<u>Sample ID</u>	<u>Species</u>	<u>Sex</u>	<u>Age</u>	<u>Sample Type</u>	<u>Test(s) Requested</u>
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
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24.					
25.					
26.					
27.					
28.					
29.					
30.					