

**FROM** 

10830 SW 104 Street, Miami, FL 33176 • Tel: (305) 273-5788

## **BIO VET LABORATORY**

## **MULTI-TEST REQUEST FORM**

Submission instructions:

- 1. Submit a maximum of ten (10 pets/10 patients) per form. One form only per ziplock bag
- 2. This form should only be used for the individual tests listed, NOT panels.
- 3. Label each tube number 1 through 10 corresponding to the number on the request.
- 4. Rubberband the tubes together to prevent breakage. Please DO NOT tape tubes together

							DATE			Check one Please:			
							, ,			☐ 1 Page Reports			
							' '			☐ Multiple Reports			
Accession #	Please Print Below									Species	Test	Tube Type	
1	OWNER LAST NAME PET NAME									Canine Feline	☐ HW ANTIGEN ☐ FeLV. Elisa	Red Top Lavender Top	
2	OWNER LAST NAME PET NAME									Canine Feline	☐ HW ANTIGEN ☐ FeLV. Elisa	Red Top Lavender Top	
3	OWNER LAST NAME PET NAME									Canine Feline	☐ HW ANTIGEN ☐ FeLV. Elisa	Red Top Lavender Top	
4	OWNER LAST NAME PET NAME									Canine Feline	☐ HW ANTIGEN ☐ FeLV. Elisa	Red Top Lavender Top	
5	OWNER LAST NAME PET NAME									Canine Feline	☐ HW ANTIGEN ☐ FeLV. Elisa	Red Top Lavender Top	
6	OWNER LAST NAME PET NAME									Canine Feline	☐ HW ANTIGEN ☐ FeLV. Elisa	Red Top Lavender Top	
7	OWNER LAST NAME PET NAME									Canine Feline	☐ HW ANTIGEN ☐ FeLV. Elisa	Red Top Lavender Top	
8	OWNER LAST NAME PET NAME									Canine Feline	☐ HW ANTIGEN ☐ FeLV. Elisa	Red Top Lavender Top	
9	OWNER LAST NAME PET NAME									Canine Feline	☐ HW ANTIGEN ☐ FeLV. Elisa	Red Top Lavender Top	
10	OWNER LAST NAME PET NAME									Canine Feline	☐ HW ANTIGEN ☐ FeLV. Elisa	Red Top Lavender Top	
Comments													