

EMC v

Marion duPont Scott Equine Medical Center Clinical Laboratory 703-771-6830 / FAX 703-771-6829

TEST REQUEST FORM

Date:									
Veterinarian / Prac	tice Name:								
Address:									
Send results by: Phone:				Fav	·				
Fmorite:					•				
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PATIENT	OWNER	CBC/ FIB	CHEM	CYTO TISSUE TYPE	CULT / SENSI TISSUE TYPE	EIA AGID	EIA ELISA	FEC	OTHER

List additional patients and tests on another test request form.

Please include a completed USDA Equine Infectious Anemia Laboratory Test (VS 10-11) form or GlobalVetLink EIA form with each Coggins test sample.