



7150 North Park Drive · Suite 550 · Pennsauken, New Jersey 08109 USA
 Toll-free: +1 (800) 423-4830 · Phone: +1 (856) 438-0820 · Fax: +1 (856) 330-4094

Equine Blood Viscosity Test Requisition Form

Owner/Producer Contact Information			
Owner/Producer Name		Company Name	
Street Address	City	State	Zip
Phone	Fax	Email	
Animal Information			
Animal ID/Name		Site/Track/Farm	
Building		Room/Location	
Age	Gender	Breed	
Attending Veterinarian			
Veterinarian Name		Clinic Name	
Street Address	City	State	Zip
Phone	Fax	Email	

Test Requisition
<p>Blood Specimen Requisition for Viscosity Test The Equine Blood Viscosity Test requires a EDTA vacutainer tube (lavender top) approximately 10 mL. Viscosity testing to be performed using the Hemathix Blood Analyzer, a high throughput capillary system measuring viscosity at 10,000 shear rates from each blood sample. Any liability on the part of Equine Health Labs is limited to the cost of the Equine Blood Viscosity Test.</p>
<p>Reasons for Test (check all that apply) <input type="checkbox"/> Performance Monitoring <input type="checkbox"/> Race/Exhibition <input type="checkbox"/> Private Sale <input type="checkbox"/> EIPH <input type="checkbox"/> Other: _____</p>
<p>Signature (required) _____ Date _____</p>

Specimen Sampling	Results Reporting and Billing		
<input type="checkbox"/> Resting Baseline Sample <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;">Date and Time Collected</td> </tr> </table>		Date and Time Collected	Results to <input type="checkbox"/> Owner/Producer <input type="checkbox"/> Vet/Clinic <input type="checkbox"/> Other: _____
	Date and Time Collected		
<input type="checkbox"/> Post Exercise Sample <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;">Date and Time Collected</td> </tr> </table>		Date and Time Collected	Bill <input type="checkbox"/> Owner/Producer <input type="checkbox"/> Vet/Clinic <input type="checkbox"/> Other: _____
	Date and Time Collected		

Using the Attached Labels
<p>Please use the provided labels to identify the blood sample for evaluation. One label should be used for each Vacutainer, and one label is for your records.</p> <div style="text-align: right; border: 1px solid black; border-radius: 15px; width: 150px; height: 40px; margin-left: auto;"></div>

For Lab Use Only

Specimen Arrived: Cold Packed Other: _____ Received by: Initials _____