

SAMPLE SUBMISSION FORM

Company _____
 Contact _____
 Email _____
 Phone _____
 Address _____
 City, State, Zip _____

To avoid testing delays, Metabaxis requires a minimum sample size for each analysis. Test results are reported within 24 hours by email or 3 business days by mail.
 Each test requires 100 ul unless specifically directed otherwise.
 Please have all identification on each sample corresponding to the

Please ensure your sample size meets the minimum requirements for all requested analyses.

| Unique Sample Name | PREVENTATIVE CAREE profile | EQUIRE PROFILE PLUS | ELECTROLYTE PROFILE | KIDNEY PROFILE PLUS | COMPREHENSIVE DIAGNOSITC PROFILE | PHENOBARBITAL PROFILE | MAMMALIAN LIVER PROFILE | PREP PROFILE ii | AVIAN/REPTILIAN PROFILE | CRITICAL CARE PLUS | LARGE ANIMAL | T4/CHOLESTEROL | TOTAL |
|--------------------|----------------------------|---------------------|---------------------|---------------------|----------------------------------|-----------------------|-------------------------|-----------------|-------------------------|--------------------|--------------|----------------|-------|
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| Total Due | |
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Accounts Payable Billing Address
 To the Attention of: _____
 To The Attention of: _____
 Address _____

Payment Method:
 PO# _____

Print Name: _____ Signature: _____ Date: _____

Remit this form with your samples and payment to: Metabaxis 601 Biotech Dr. Richmond VA 23235