

**GASTROINTESTINAL FUNCTION TEST LABORATORY ENDOCRINOLOGY TESTS**

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<b>CLINIC DETAILS</b>	Veterinarian: _____	Clinic ID #: 15796	DATE: _____
	Clinic/Hospital: _____	<b>GI LABORATORY USE ONLY</b>	
	Address: _____	Date Received: _____	Accession #: _____
	City: _____ State: _____ Zip: _____	Check #: _____	Charges: _____
	Clinic E-mail: _____	Amt. Received: _____	_____
	Veterinarian E-mail: _____	*E-mailed results will often be available several hours before faxes are sent	

<b>PATIENT DETAILS</b>	One animal per submission form		<b>IMPORTANT NOTES:</b>  <b>SEPARATE SERUM FROM CLOT BEFORE SHIPPING</b>  Both hemolysis and lipemia may interfere with test performance.  All serum samples should be collected after withholding food for 12-18hrs (6-8hrs for diabetic patients).
	Owner's Name: _____		
	Animal Name: _____		
	Species: Dog Cat Other( ) Age: _____ years _____ months		
	Breed: _____ Sex: M F MC FS		
	Your Internal Identifier: _____		

<b>TEST(S) ORDERED - PLEASE CHECK BOXES</b>	<b>Canine or Feline Serum Total T4</b>		
	Initial Diagnosis 0.5 mL serum, red top tube.....	\$9.00	<input type="checkbox"/>
	4-6 hr Post-Pill 0.5 mL serum, red top tube.....	\$9.00	<input type="checkbox"/>
	<b>Canine or Feline Serum Free T4</b>		
	Initial Diagnosis 0.5 mL serum, red top tube.....	\$20.00	<input type="checkbox"/>
	<b>Canine Serum TSH Assay</b>		
	Initial Diagnosis 0.5 mL serum, red top tube.....	\$12.00	<input type="checkbox"/>
	4-6 hr Post-Pill 0.5 mL serum, red top tube.....	\$12.00	<input type="checkbox"/>
	<b>Canine or Feline ACTH Stimulation Test</b>		
	Cortisol - 0 hr for canine/feline 1.0 mL serum, red top tube.....	\$12.00	<input type="checkbox"/>
	Cortisol - 0.5 hr for feline only 1.0 mL serum, red top tube.....	\$12.00	<input type="checkbox"/>
	Cortisol - 1 hr for canine/feline 1.0 mL serum, red top tube.....	\$12.00	<input type="checkbox"/>
	<b>Low Dose Dexamethasone Suppression Test (canine 0.01 mg/kg, IV - feline 0.1 mg/kg, IV)</b>		
	Sample A Cortisol (0 hr) 1.0 mL serum, red top tube.....	\$12.00	<input type="checkbox"/>
	Sample B Cortisol (4 hr) 1.0 mL serum, red top tube.....	\$12.00	<input type="checkbox"/>
	Sample C Cortisol (8 hr) 1.0 mL serum, red top tube.....	\$12.00	<input type="checkbox"/>
	<b>High Dose Dexamethasone Suppression Test (canine only 0.1 mg/kg, IV)</b>		
	Sample A Cortisol (0 hr) 1.0 mL serum, red top tube.....	\$12.00	<input type="checkbox"/>
	Sample B Cortisol (4 hr) 1.0 mL serum, red top tube.....	\$12.00	<input type="checkbox"/>
	Sample C Cortisol (8 hr) 1.0 mL serum, red top tube.....	\$12.00	<input type="checkbox"/>
Cortisol Single (canine only) 1.0 mL serum, red top tube.....	\$12.00	<input type="checkbox"/>	

<b>PAYMENT METHOD:</b>	<b>TOTAL COST</b>
<input type="checkbox"/> Check Enclosed (make payable to GI Lab - TAMU) <input type="checkbox"/> Please Bill Me	Prices valid: 04-16-2014 \$ _____
** A \$30.00 fee will be charged on all returned checks due to insufficient funds. Payment for returned checks must be made in the form of a cashier's check or money order for the amount of the returned check plus the \$30.00 fee.**	