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FOR VRL OFFICE USE ONLY

**Clinical Pathology Submission Form**

Email Completed form to VRL-Maryland@vrl.net  
 Send a Copy with the Sample Shipment

Investigator/Contact: _____	P.O. Reference No (Required): _____
Company Name: _____	Billing Contact: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____ Fax: _____
Email: _____	Credit Card Holder: _____
Email: _____	Card Number: _____
Email: _____	Expiration and CVV: _____
Lab Contact Name (and phone number if different from above): _____	_____
Date Shipped: _____	# of Samples: _____
Known/Suspect Human Pathogen? _____	_____
Special Instructions: _____	_____

**Hematology**

80801 CBC Automated: \_\_\_\_\_  
 80803 Reticulocytes: \_\_\_\_\_

**Clinical Chemistry Assay Profiles**

808BM (Basic Metabolic): \_\_\_\_\_ 80821 Custom 2-7 test: \_\_\_\_\_  
 808CM (Complete Metabolic): \_\_\_\_\_ 80822 Custom 8-14 test: \_\_\_\_\_  
 808HF (Hepatic Function): \_\_\_\_\_ 80823 Custom 15-22 test: \_\_\_\_\_  
 808RF (Renal Function): \_\_\_\_\_  
 80824 Comp Plus\*(23 test): \_\_\_\_\_

**Urinalysis**

80810: \_\_\_\_\_

**Coagulation**

PT, PTT, Fibrinogen: \_\_\_\_\_

**Clinical Chemistry: Select from profiles above or individual test from below by placing a check next to the profile or parameter. Please refer to our catalog for additional individual parameters not listed below;**

<input type="checkbox"/> Albumin	<input type="checkbox"/> Calcium	<input type="checkbox"/> Phosphorus
<input type="checkbox"/> Alanine aminotransferase (ALT/SGPT)	<input type="checkbox"/> Cholesterol	<input type="checkbox"/> Sodium, Potassium, Chloride
<input type="checkbox"/> Alkaline phosphatase (ALP)	<input type="checkbox"/> Creatinine	<input type="checkbox"/> Total protein (TP)
<input type="checkbox"/> Amylase	<input type="checkbox"/> Creatine phosphokinase (CPK)	<input type="checkbox"/> Triglycerides
<input type="checkbox"/> Aspartate aminotransferase (AST/SGOT)	<input type="checkbox"/> Gamma glutamyl transferase (GGT)	<input type="checkbox"/> Blood urea nitrogen (BUN)
<input type="checkbox"/> Bicarbonate (CO <sub>2</sub> )	<input type="checkbox"/> Glucose	<input type="checkbox"/> A/G Ratio, BUN/C Ratio, Na/K Ratio
<input type="checkbox"/> Direct bilirubin	<input type="checkbox"/> Globulin	<input type="checkbox"/> Indirect bilirubin
<input type="checkbox"/> Total bilirubin	<input type="checkbox"/> Magnesium	

**Sample / Animal Identification:**

1.		10.		19.		28.		37.	
2.		11.		20.		29.		38.	
3.		12.		21.		30.		39.	
4.		13.		22.		31.		40.	
5.		14.		23.		32.		41.	
6.		15.		24.		33.		42.	
7.		16.		25.		34.		43.	
8.		17.		26.		35.		44.	
9.		18.		27.		36.		45.	

Any questions, call Client Services at 301.610.2521 or 800.804.3586. Fax: 240.686.6776  
 Or visit us at [www.VRL.net](http://www.VRL.net)