

EQUINE SAMPLE SUBMISSION FORM FOR ELECTIVE TESTING

Analytical Toxicology Laboratory
Ohio Department of Agriculture Consumer Protection Laboratory
8995 East Main Street, Building #3
Reynoldsburg, OH 43068 Phone: 614-728-6230

SUBMITTER INFORMATION:

Submitter Name (Print): _____

Phone: _____ Email: _____

TEST(S) REQUESTED:

Blood Screen - Steroid (\$120 per drug) **Submit 10mL Heparinized Blood**
Circle: Betamethasone/Dexamethasone Boldenone Isoflupredone Methylprednisolone
Nandrolone Prednisolone Testosterone Triamcinolone Acetonide

Blood Screen - Other Drugs (\$120 per drug) **Submit 10mL Heparinized Blood**
Circle: Cimetidine Clenbuterol Dantrolene(5-OH) Detomidine
Diclofenac Cetirizine Firocoxib Flunixin Furosemide
Glycopyrrolate Guaifenesin Ketoprofen Lidocaine(3-OH) Mepivacaine
Omeprazole(Sulfide) Phenylbutazone Procaine Penicillin Ranitidine Xylazine

Cobalt Screen (\$50) **Submit 10mL Heparinized Blood**

Urine Screen (\$120 per drug) **Submit 20mL Urine**
Circle: Acepromazine/HEPS Albuterol Butorphanol Isoxsuprine Mepivacaine(3-OH) Methocarbamol

SAMPLE INFORMATION:

Sample Identity: _____ Animal Gender: _____

Sample Type: Blood Urine

Payment by Certified Check or Money Order must be received prior to testing. Credit cards are not accepted.

Report via Email or Postal Mail Address: _____

Note: Test results are only good for the day that the sample is collected. Test results may be subject to official public records request.

Submitter Signature: _____ Date: _____

Submitter Comments: _____

LAB COMMENTS: