



**Lodi Veterinary Care™**  
CLINIC · MOBILE · EMERGENCY

## Referral Lab Submission Form

Veterinarian \_\_\_\_\_ Contact for Results: \_\_\_\_\_  
 Clinic \_\_\_\_\_  Email \_\_\_\_\_  
 Address \_\_\_\_\_  Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Phone \_\_\_\_\_

Specimen Information					
Sample ID	Species	Sex	Age	Sample Type	Test(s) Requested
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Sample is:  Fresh  Fixed  Frozen  
 Date Sample Taken \_\_\_\_\_ Date Sample Shipped \_\_\_\_\_

Special instructions or other relevant information:

<p><b>Main Location <i>mail or drop-off</i></b>          Lodi Veterinary Care          Attn Lab          705 N Main Street          Lodi, WI 53555</p>	<p><b>Satellite Locations <i>drop-off only</i></b>          Deforest Clinic: Portage Clinic          639 S Main Street 110 E Albert St          Suite 101 Portage, WI 53901          Deforest, WI 53532</p>
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