

Reference Andrology Laboratory University of Pennsylvania New Bolton Center 382 West Street Road Kennett Square, PA 19348-1692

NOTE: Please call 610-925-6562 to schedule an appointment for receipt of samples for analysis. We cannot guarantee requested work will be completed on samples received without a previously confirmed appointment. Note: there will be a \$8.00 accession/report fee per submission.

Reference Andrology Laboratory Equine Submission Form

Referring Veterinarian:		Ref. Vet. Fax #:	
Email address:			
Submitter's Information	ı:	Billing Information (if different from submitter):	
Company:		Contact Person:	
Person:		Address:	
Address:			
Phone:			
E-Mail:		Species:	
Fax:		Submission date:	
I prefer my report to be	e □ emailed □ faxed		
Sample Information:			
Type of sample[s] (raw, extended):		_ Number of samples submitted:	
Extender type:Expected mot		sperm per dose:	
Requested tests: (please	e check)		
-	e Semen Analysis (sperm motil otal sperm/dose)	lity, sperm morphology, sperm concentration, dose	
☐ Sperm cor	ncentration, dose volume and	d total sperm/dose	
☐ Sperm mo	otility and sperm morphology	<i>'</i>	
☐ Sperm mo	otility only		
☐ Sperm mo	orphology only		
☐ Osmolarit	ty analysis		
☐ pH detection			
☐ Microbiol	logy (cost varies, please call fo	or information)	

For submissions which may involve insurance claims or litigation, it is important that the laboratory be contacted prior to submission for instructions. Legal cases will be charged a \$500 base price to cover cost of chain of custody handling of materials and results.