

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 the requested work will be completed on samples received without a previously confirmed appointment. Note: there will be a \$8.50 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 motility:_ | morphology: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 | , | |
| ☐ Sperm mo | otility only | | |
| ☐ Sperm mo | orphology only | | |
| ☐ Osmolarit | ry analysis | | |
| ☐ pH detect | ion | | |
| ☐ 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.