

## PROGESTERONE SAMPLE SUBMISSION FORM

### COLLECTING SAMPLE:

Collect 3 mL of blood into a serum red-top tube (RTT) with clot activator. Do not use a serum separator tube; gel interferes with progesterone testing. Allow the specimen to clot, then spin and separate serum into a plain plastic tube. Ship overnight using the courier of your choice.

**If this is the 1<sup>st</sup> progesterone; please include an unstained vaginal smear and label all specimens with patient name.**

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name of Dog: \_\_\_\_\_

Breed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_

Date Sample was drawn: \_\_\_\_\_

Reproduction History / Last Heat Cycle: \_\_\_\_\_

**Semen Sample Type to be used:**  Fresh  Fresh chilled  Frozen

**Method of Insemination Planned:**  Natural  Vaginal  Trans-cervical  Surgical

### **PAYMENT OPTIONS – payment is due at the time of service.**

Please include a check payable to Inver Grove Heights Animal Hospital or indicate if you have a card on file with us that you would like us to apply the payment towards. If you would like to pay by card and don't have a card on file, please mark call for payment and our office will contact you prior to running the test.

**Payment Type:**  Check  Credit Card on file  Call for payment

### **NOTIFICATION OF RESULTS:**

**Person to be notified:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

### **SHIP TO:**

Inver Grove Heights Animal Hospital  
ATTN: Reproduction Department  
7131 Cahill Avenue  
Inver Grove Heights, MN 55076

