



Animal Health Services STAT Lab Requisition

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PLEASE PRINT LEGIBLY

Date: ____/____/____

Hospital Name: _____

Mailing Address: _____

City: _____ ST: _____ ZIP: _____

Phone: _____ Fax: _____

Doctor: _____

Client: _____

Pet Name: _____

Species: _____

Sex: (circle) M MN F FS

Breed: _____

Age: _____

PLEASE LABEL ALL TUBES WITH CLIENT & PATIENT NAME

Super Chem/CBC (2 S, 1 L) \$66.20

Offered M-F 9a-5p

Total Body Function (2 S, 1L) \$73.10

Offered M-F 9a-5p

Pre-Op/CBC (2 S, 1 L) \$27.75

Offered M-F 9a-5p

CBC (1 L) \$23.48

Offered M-F 9a-5p

iSTAT (1 G "micro" OK) \$45.00

Offered M-F 9a-5p

PT/PTT (BTT) \$45.00

Offered M-F 9a-5p

PROGESTERONE at cost Blood Draw Time: _____

(1 red top 5ml whole blood no SSL)

2 hr results M-F 9a-5p

4 hour results after hrs 24/7 including holidays and weekends.

FOR LAB USE ONLY:

TIME IN: _____

NOTES: _____

TIME RESULTS FAXED: _____
