

## CANINE OCCULT HEARTWORM ONLY

DOCTOR

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DATE

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**Submission Instructions:**

1. Submit a maximum of eight (8 pets / 8 patients) per form. Only one form per ziplock bag.
2. This form should only be used for Canine Heartworm Antigen requests.
3. Label each tube with patient ID corresponding to the name on the Test Request Form.
4. Rubberband the tubes together to prevent breakage. Please DO NOT tape tubes together.

<b>FOR LAB USE ONLY</b>	<b>1</b>	OWNER														DOCTOR		
		PET I.D.															BREED	
	<b>FOR LAB USE ONLY</b> SPECIMENS SUBMITTED															<input type="checkbox"/> S.S.	<input type="checkbox"/> S	<input type="checkbox"/> R
<b>FOR LAB USE ONLY</b>	<b>2</b>	OWNER														DOCTOR		
		PET I.D.														BREED		
	<b>FOR LAB USE ONLY</b> SPECIMENS SUBMITTED															<input type="checkbox"/> S.S.	<input type="checkbox"/> S	<input type="checkbox"/> R
<b>FOR LAB USE ONLY</b>	<b>3</b>	OWNER														DOCTOR		
		PET I.D.														BREED		
	<b>FOR LAB USE ONLY</b> SPECIMENS SUBMITTED															<input type="checkbox"/> S.S.	<input type="checkbox"/> S	<input type="checkbox"/> R
<b>FOR LAB USE ONLY</b>	<b>4</b>	OWNER														DOCTOR		
		PET I.D.														BREED		
	<b>FOR LAB USE ONLY</b> SPECIMENS SUBMITTED															<input type="checkbox"/> S.S.	<input type="checkbox"/> S	<input type="checkbox"/> R
<b>FOR LAB USE ONLY</b>	<b>5</b>	OWNER														DOCTOR		
		PET I.D.														BREED		
	<b>FOR LAB USE ONLY</b> SPECIMENS SUBMITTED															<input type="checkbox"/> S.S.	<input type="checkbox"/> S	<input type="checkbox"/> R
<b>FOR LAB USE ONLY</b>	<b>6</b>	OWNER														DOCTOR		
		PET I.D.														BREED		
	<b>FOR LAB USE ONLY</b> SPECIMENS SUBMITTED															<input type="checkbox"/> S.S.	<input type="checkbox"/> S	<input type="checkbox"/> R
<b>FOR LAB USE ONLY</b>	<b>7</b>	OWNER														DOCTOR		
		PET I.D.														BREED		
	<b>FOR LAB USE ONLY</b> SPECIMENS SUBMITTED															<input type="checkbox"/> S.S.	<input type="checkbox"/> S	<input type="checkbox"/> R
<b>FOR LAB USE ONLY</b>	<b>8</b>	OWNER														DOCTOR		
		PET I.D.														BREED		
	<b>FOR LAB USE ONLY</b> SPECIMENS SUBMITTED															<input type="checkbox"/> S.S.	<input type="checkbox"/> S	<input type="checkbox"/> R

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EAGLE (800) 266-6668