

## **Zoological Medicine Diagnostic (ZMDx) Laboratory Request Form**



2015 SW 16th Ave, Building 1017, Room V2-186, Gainesville, FL 32608

VM-zmdx@ad.ufl.edu; 352-294-4420

https://cdpm.vetmed.ufl.edu/services/zmdxlab/

Institution:			Clinician name (First/Last):	
Email (for lab results):			Additional email(s) for lab results:	
Address:				
City/State/Zip:			Contact information for billing:	
Phone:			Name: Email Address:	
			Elliali Address.	
Applicable History:				
Applicable Previous Tests Performed at the University of Flo Molecular, ZMDx Laboratory Accession #:			lorida: Zoological Medicine Client, MR #: Necropsy/Histopathology, UF Accession #:	
ZMDx Lab Use Only	Sample ID	Host Species	Sample Type; Sampling Date	Test/Panel Requested
I understand that residual samples become property of the ZMDx laboratory. Such samples may be used for assay development/validation, research, presentation, or publication in journals or textbooks. The ZMDx lab staff hold research integrity to the highest level, and submitters will always be contacted for consent and/or co-authorship (according to <a href="ICMJE guidelines">ICMJE guidelines</a> ) prior to any presentation or publication.				
Signature of Attending Veterinarian PRINT FULL Na				
*ZMDx Lab Use Only*				
☐ Fresh ☐ FFPE/Ethanol ☐ Ambient ☐ Ice Packs ☐ Dry Ice ☐ Leaking/Broken ☐ Other:				
Initials:		Date/Time Stamp:	Notes:	