

# Veterinary Diagnostic Laboratory

UNIVERSITY OF MINNESOTA

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Toll Free : 1-800-605-8787 [www.vdl.umn.edu](http://www.vdl.umn.edu)

For Office Use Only

## Exercise Induced Collapse (EIC) - Submission Form

Please download this form and complete by typing in Adobe Acrobat.

### Contact Information

### Attending Veterinarian (if any)

Owner Name \_\_\_\_\_

Veterinarian \_\_\_\_\_

Company /  
Alternate Contact \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

e-mail \_\_\_\_\_

### Result Reporting (Choose ONE):

e-mail:  Owner or  Vet Clinic  
 Fax:  Owner or  Vet Clinic

OR

### Payment Method:

(Must be enclosed  
with the shipment)

- Credit Card (Authorization Form attached)  
 IND Re-submission VDL # \_\_\_\_\_  
 Check# \_\_\_\_\_  
 Money Order

### Animal Information: Breed

Check if Tatoo  
or Microchip  
was verified:

Registered Name (or Call Name)

Sex

DOB or Age

Registration Number

Tattoo or Microchip

Dog # 1

Dog # 2

Dog # 3

Dog # 4

Dog # 5

Dog # 6

Dog # 7

Dog # 8

Dog # 9

Dog # 10

Dog # 11

Dog # 12













Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

### To be completed by attending veterinarian or veterinary technician (if any):

I DID verify tattoo/microchip on these dogs.  I DID NOT verify tattoo/microchip on these dogs.  No tattoo/microchip

Veterinarian/Technician Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Sample Type

- Whole Blood  Cheek Swabs  
 Semen  Dew Claws

**CREDIT CARD PAYMENT AUTHORIZATION**

If you are enclosing credit card payment with your testing sample(s), please place this authorization forms with the Submission List and Submission Form(s). Do not write your credit card number on the Submission Form. [See website](#) for current pricing information.

**Card Holder Information:**

**Billing Information (If different):**

Owner Name \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

Company /  
Alternate Contact \_\_\_\_\_

Company /  
Alternate Contact \_\_\_\_\_

Address \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

e-mail \_\_\_\_\_

**I authorize the Veterinary Diagnostic Laboratory to charge to the following credit card:**

Card Type: # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date (MM/YYYY): \_\_\_\_\_

_____	X	=	_____
# of Tests			<b>Total</b>
	_____		
	Test Price		

Cardholder Name-as it appears on card (please type or print)

Signature of Cardholder \_\_\_\_\_

Today's Date \_\_\_\_\_