

# TRUESDAIL LABORATORIES, INC.

EXCELLENCE IN INDEPENDENT TESTING

Established 1931



14201 FRANKLIN AVENUE  
TUSTIN, CALIFORNIA 92780-7008  
(714) 730-6239 • FAX (714) 730-6462  
www.truesdail.com

## DRUG SCREEN REQUEST FORM

SAMPLE TYPE: URINE \_\_\_\_\_ BLOOD \_\_\_\_\_ PLASMA \_\_\_\_\_ SERUM \_\_\_\_\_

COLLECTION DATE: \_\_\_\_\_ DOCTOR \_\_\_\_\_

ANIMAL NAME, HIP # OR OTHER I.D.: \_\_\_\_\_

SPECIES: \_\_\_\_\_ OWNERS NAME: \_\_\_\_\_

### Pre-Purchase Screening

**PROCESSING FEE:** (sample handling, processing, and disposal) \$35.00   
Applies to each sample submission.

**LEVEL I:** Includes nonsteroidal anti-inflammatory drugs only (by HPLC or TLC) \$30.00   
(phenylbutazone, oxyphenbutazone, flunixin, naproxen, ketoprofen, and meclofenamic acid)

**LEVEL II:** Includes LEVEL I drugs plus ELISA testing for: Domosedan (detomidine), \$105.00   
Prolixin (fluphenazine), Promazine Group (triflupromazine, chlorpromazine, promazine, acepromazine, imipramine, propionylpromazine, clomipramine, chlorprothixine), and Reserpine.

**LEVEL III:** Includes LEVEL I & II drugs plus ELISA testing for: Butorphanol, \$200.00   
Triamcinolone acetonide, Corticosteroid Group (betamethasone, dexamethasone, flumethasone, prednisolone), Methylprednisolone (methylprednisolone, prednisolone, prednisone), and Bronchodilator Group (albuterol, clenbuterol, terbutaline, pirbuterol).

### **Individual Screening Tests** *commonly requested tests (ELISA testing)*

Promazines \$20	Guanabenz \$25	Corticosteroids \$20	Butorphanol \$20
Reserpine \$25*	Detomidine \$20	Benzodiazepines \$20	Opiates \$20
Fluphenazine \$25	Boldenone \$25	Bronchodilators \$20	EPO antibody \$25*
Pyrilamine \$20	Stanozolol \$25	Caffeine \$20	Isoxsuprine \$25
Procaine \$25	Lidocaine \$20	Amphetamine Group \$20	Mepivacaine \$20

\*blood only.

*Additional tests are available. A more complete list can be provided upon request.*

**Other Drug or Drug Class: (Please specify)** \_\_\_\_\_

**PLEASE FAX RESULTS TO:**

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**BILL TO:**

**VET CLINIC:** \_\_\_\_\_ **ATTN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_



## TRUESDAIL LABORATORIES, INC.

### NOTES

Note 1: **Urine is the preferred media for drug testing.** Blood samples may be used, but there is a considerable loss of sensitivity for drugs when blood is used.

Note 2: Suspect samples are reported as “presumptive positives” based only on TLC or ELISA data. Legally defensible data requires confirmation by more rigorous testing, additional sample quantities, and adherence to a strict chain of custody. Please contact the lab in advance of sending samples requiring defensible data.

Note 3: Results are typically sent by fax within two working days after sample receipt. However, some test kits may not be readily available, which will delay this process. Send samples by overnight delivery to arrive Monday through Friday, weekend arrivals are not accepted. Blood samples should be refrigerated (**do not freeze**) at collection and shipped in cold packs. Urine samples should be frozen after collection and shipped in cold packs.

Note 4: The minimum amount of urine, serum, or plasma required for screening is as follows:

<b>LEVEL I</b>	2 mL serum or plasma or 10 mL urine
<b>LEVEL II</b>	4 mL serum or plasma or 15 mL urine
<b>LEVEL III</b>	5 mL serum or plasma or 20 mL urine

Note 5: Confirmatory testing typically requires a minimum of 10 mL of urine or 5 mL of serum/plasma. If blood is sent please send two blood tubes.

**Notice to new customers: Please send a check or money order with sample(s). If you prefer to establish credit beforehand or use a credit card, call Accounts Receivable at (714) 730-6239, extension 152.**

**Make checks payable to TRUESDAIL LABORATORIES, INC.**



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## Selective Testing

**Processing Fee:** Applies to each sample submission regardless of number of tests requested. \$35

**NSAID'S (non-steroidal anti-inflammatories):** Includes, phenylbutazone, oxyphenbutazone, flunixin, naproxen, and meclofenamic acid. \$30

### TRANQUILIZERS

Azaperone .....	\$20	Fluphenazine (Prolixin) .....	\$25
Barbiturate Group .....	\$20	Propranolol .....	\$20
Benzodiazepine Group .....	\$20	Pyrilamine .....	\$20
Detomidine (Domosedan) .....	\$20	Reserpine .....	\$25
Droperidol .....	\$25	Tricyclic Group .....	\$20
Fluoxetine .....	\$20	Guanabenz .....	\$25
Promazine Group (triflupromazine, chlorpromazine, promazine, acepromazine imipramine, propionylpromazine) .....	\$20		

### CORTICOSEROIDS

Corticosteroid Group (Betamethasone, dexamethasone, flumethasone, prednisolone) .....	\$20
Methylprednisolone (prednisolone, prednisone) .....	\$25
Triamcinolone acetonide .....	\$25

### ANABOLIC STEROIDS

Boldenone (Equipoise) .....	\$25
Nandrolone (19-nortestosterone) .....	\$25
Stanozolol (Winstrol) .....	\$25

### LOCAL ANESTHETICS

Cocaine (benzoyllecgonine) .....	\$20	Mepivacaine (ropivacaine, bupivacaine) .....	\$20
Lidocaine .....	\$20	Procaine .....	\$25

### STIMULANTS

Amphetamine .....	\$20	Mephentermine .....	\$20
Caffeine .....	\$20	Methamphetamine .....	\$20
Cocaine .....	\$20	Methphenidate .....	\$20

### NARCOTICS ANALGESICS

Alfentanil .....	\$20	Mazindol .....	\$25
Anileridine .....	\$20	Meperidine .....	\$20
Buprenorphine .....	\$20	Methadone .....	\$20
Butorphanol .....	\$20	Nalbuphine .....	\$25
Etorphine .....	\$20	Opiates group .....	\$20
Fentanyl .....	\$20	Oxymorphone/Oxycodone .....	\$25
Fentanyl Group .....	\$20	Pentazocine .....	\$20
Hydromorphone .....	\$20	Sufentanil .....	\$20
Levallorphan .....	\$20		



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### DIURETICS

Bumetanide .....	\$25
Furosemide .....	\$25

### MISCELLANEOUS

Bronchodilator Group .....	\$20	Clenbuterol .....	\$25
Isoxsuprine .....	\$25	Glycopyrrolate .....	\$25
Methocarbarnol .....	\$25	Methotrexate .....	\$25
Ractopamine .....	\$25	Theophylline .....	\$25
Ipratropium .....	\$25	EPO antibody .....	\$25

Note 1: Additional tests are available. If the requested test is not listed, please call for a quote.

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NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

### BILL TO:

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ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_