



DRUG SCREEN REQUEST FORM

SAMPLE TYPE: Urine Blood Plasma Serum

Collection Date: _____ Doctor: _____

Animal Name, HIP # or Other I.D.: _____

Species: _____ Sex: _____ Owner's name: _____

Pre-Purchase Screening (performed by LC/MS)

LEVEL I: Includes only nonsteroidal anti-inflammatory drugs (phenylbutazone, oxyphenbutazone, flunixin, naproxen, ketoprofen, firocoxib, diclofenac and meclufenamic acid). (Requires a minimum of 2 mL serum or plasma or 10mL of urine) \$100.00

LEVEL II: Includes LEVEL I drugs plus testing for Domosedan (detomidine), fluphenazine, acepromazine, promazine, chlorpromazine, triflupromazine, imipramine, propionylpromazine, clomipramine, and reserpine. (Requires a minimum of 4 mL of serum or plasma or 15mL of urine) \$175.00

LEVEL III: Includes LEVEL I and II drugs plus testing for butorphanol, triamcinolone acetonide, betamethasone, dexamethasone, flumethasone, isoflupredone, predisone, methylprednisolone, prednisolone, albuterol, clenbuterol, terbutaline, and pirbuterol. (Requires a minimum of 5 mL of serum or plasma or 20mL of urine) \$250.00

LEVEL IV: TOBA Protocol Testing (urine and blood is required for this test) (Requires a minimum of 6 mL of serum or plasma and 25mL of urine) \$300.00

***Rush testing is available for Level I, II or III at a 100% surcharge.** Please contact the lab prior to sending the sample.

Additional Screening Tests are available on page 2.

Send Results to...

Name: _____ Email: _____

Phone: _____ Fax: _____

Bill to...

Vet Clinic: _____ ATTN: _____

Address: _____

City: _____ State: _____ ZIP: _____

Notice to new customers: Please send a check or money order with the sample(s). If you prefer to use a credit card, please fill out the credit card billing information or call Accounts Receivable at (714) 730-6239, ext.383.

Make checks payable to TRUESDAIL LABORATORIES, INC. and send samples using FedEx or UPS. Do not use US Postal Service (USPS).

Credit Card Billing Information (Must be completed with each sample submission. No credit card information will be kept on file.)

Cardholder's Name (as it appears on card): _____

Credit Card Type (Please Circle): Amex, MC, Visa, Discover CCV Code _____

Credit Card Number: _____ Expiration Date: _____

Email Address: _____



Additional Screening Tests Pricing Schedule

(Screening is performed by LC/MS, except for cobalt. Each test requires a minimum of 4 mL of serum or plasma or 15mL of urine)

*PROCESSING FEE: Sample handling, processing, and disposal. Applies to each sample submission. *Fee is waived if testing is added to Level I, II, III	\$50.00 <input checked="" type="checkbox"/>
Anabolic Steroids in Blood: (includes nandrolone, boldenone, stanozolol, trenbolone, testosterone) Call for pricing on urine samples.	\$100.00 <input type="checkbox"/>
Anticholinergics: (includes ipratropium, glycopyrrolate)	\$100.00 <input type="checkbox"/>
Barbiturates: (includes pentobarbital, phenobarbital, secobarbital)	\$100.00 <input type="checkbox"/>
Benzodiazepines: (includes diazepam, nordiazepam, temazepam, oxazepam, flunitrazepam)	\$100.00 <input type="checkbox"/>
Bronchodilators: (includes albuterol, clenbuterol, pirbuterol)	\$100.00 <input type="checkbox"/>
Corticosteroids: (includes betamethasone, dexamethasone, flumethasone, prednisone, Isoflupredone, methylprednisolone, prednisolone)	\$100.00 <input type="checkbox"/>
Diuretics: (includes furosemide, bumetanide)	\$40.00 <input type="checkbox"/>
Local Anesthetics: (includes lidocaine, mepivacaine) For pre-race procaine testing please contact the lab prior to sending the sample)	\$100.00 <input type="checkbox"/>
Muscle Relaxant: (includes methocarbamol, cyclobenzaprine)	\$100.00 <input type="checkbox"/>
Narcotic Analgesics: (includes alfentanil, anileridine, buprenorphine, butorphanol, codeine, etorphine, fentanyl, heroin, hydrocodone, hydromorphone, levallorphan, meperidine methadone, morphine, nalbuphine, oxycodone, oxymorphone, pentazocine, remifentanil, sufentanil)	\$100.00 <input type="checkbox"/>
Stimulants: (includes amphetamine, caffeine, cocaine, mephentermine, methamphetamine)	\$100.00 <input type="checkbox"/>
Tranquilizers: (includes azaperone, detomidine, fluoxetine, fluphenazine, propranolol, reserpine acepromazine, promazine, chlorpromazine, triflupromazine, imipramine, propionylpromazine, clomipramine, amitriptyline, desipramine)	\$100.00 <input type="checkbox"/>
Miscellaneous Drugs	
Isoxsuprine	\$65.00 <input type="checkbox"/>
Ractopamine	\$65.00 <input type="checkbox"/>
Cobalt Testing by ICP/MS in blood	\$100.00 <input type="checkbox"/>

Other drug or drug class not listed: (Please call for a quote) _____

Note 1: Samples that are reported as “identified” are based solely on screening results. 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. 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.

Note 2: Results are typically sent by fax or emailed within three business days from receipt of sample, however some tests will require more time to process. Send sample 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.