



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) (Requires a minimum of 5 mL serum/plasma or 10mL of urine)

NSAID Screen: Includes only nonsteroidal anti-inflammatory drugs (phenylbutazone, oxyphenbutazone, flunixin, naproxen, ketoprofen, firocoxib, diclofenac, meclofenamic acid) \$250.00

Cannabinoid Screen: (includes cannabidiol, THC) \$300.00

Comprehensive Drug Screen: Includes NSAIDs, Therapeutic drugs and Drugs of Abuse \$400.00

***Rush testing is available at a 100% surcharge.** Please contact the lab prior to sending the sample.

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 email within three (3) business days from receipt of sample, however some tests will require more time to process. Send samples by overnight delivery to arrive Monday through Friday by 11 am and email the request form before sample is received to: shelly.brady@alsglobal.com or fax it to: 714-730-6462 to ensure the sample is processed the day it is received. Samples that arrive after 11 am will be processed the following day. 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.

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 (281) 530-5656.

Make checks payable to ALS Global USA, Corp. 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 Select): _____ CCV Code: _____
Credit Card Number: _____ Expiration Date: _____
Email Address: _____