



Lab Use Only

CRITICAL REORDER FORM 6C

PLEASE LABEL ALL TUBES WITH PT. NAME & ACCT. NO.

CHART NUMBER, Doctor's Name, Date, CLIENT, PET NAME, SPECIES, BREED, SEX, AGE

SUBMIT EQUINE PATHOLOGY REQUESTS ON THE EQUINE PATHOLOGY FORM 7C

Main table with columns: Custom Panels or Misc Requests, Equine Mare Reproduction Testing, Equine Early Detection Wellness Program, Equine Individual Testing, Equine Profiles, Equine Neurologic Testing, Equine PCR Testing, Equine Hematology Testing, Equine Microbiology Testing, Equine Urine Testing, Specimen Key, Equine Stallion/Gelding Reproduction Testing, Equine Thyroid Testing, Equine PPID and Insulin Testing, Equine Fecal Testing.

Canada Customer Service: 800-341-3440 or 905-567-0597
Equine Customer Service: 800-955-6353 or equinecs@ANTECHmail.com

