



2015 SW 16th Ave, Building 1017, Room V2-186, Gainesville, FL 32608

VM-zmdx@ad.ufl.edu; 352-294-4420

<https://cdpm.vetmed.ufl.edu/services/zmdxlab/>

Institution:	Clinician name (First/Last):
Email (for lab results):	Additional email(s) for lab results:
Address:	
City/State/Zip:	Contact information for billing:
Phone:	Name:
	Email Address:

Applicable History:

Applicable Previous Tests Performed at the University of Florida:

Molecular, ZMDx Laboratory Accession #:

Zoological Medicine Client, MR #:

Necropsy/Histopathology, UF Accession #:

ZMDx Lab Use Only	Sample ID	Host Species	Sample Type; Sampling Date	Test/Panel Requested

I understand that residual samples become property of the ZMDx laboratory. Such samples may be used for assay development/validation, research, presentation, or publication in journals or textbooks. The ZMDx lab staff hold research integrity to the highest level, and submitters will always be contacted for consent and/or co-authorship (according to [ICMJE guidelines](#)) prior to any presentation or publication.

Signature of Attending Veterinarian

PRINT FULL Name

ZMDx Lab Use Only

Fresh FFPE/Ethanol Ambient Ice Packs Dry Ice Leaking/Broken Other: _____

Initials: _____ Date/Time Stamp: _____ Notes: _____