Spectrum Health Regional Laboratories
Veterinary Clinic (Client Bill Only)

http://spectrumhealth.testcatalog.org
Call Center Phone: 616-774-7721

SPECTRUM HEALTH

ID: Name:
Address:
Phone: Fax:
Client Bill to Specialty Billing Account:

SAMPLE

Ordering Veterinarian: _____

Lab staff enter patient's name as Species + Pet Last Name, Pet First Name or Species + Submitter, Pet Name
Example: DOGPAWSWITHACAUSE, PLUTO
Example: CATARBUCKLE, GARFIELD

YOU MUST HAVE A CLIENT ACCOUNT TO USE THIS FORM

EMAIL: LABORATORYSERVICES@SPECTRUMHEALTH.ORG FOR MORE INFO

Patient Information			
Name	Date of Birth	Sex	Species (Cat, Dog, etc.)

Testing		
❍ Acetaminophen	❍	
❍ Ethylene Glycol	❍	
❍ Progesterone	❍	

Collection Information		
Date Collected	**Time Collected**	**Collected By**

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Label specimen with 2 patient identifiers (name and date of birth)
White – Lab Yellow – Office