

GENETIC BIRD SEXING
 UNIVERSITY OF TENNESSEE
 COLLEGE OF VETERINARY MEDICINE
 LABORATORY TEST REQUEST FORM

(LAB USE ONLY)

ACC# _____

LAB# _____

VETERINARIAN:

CLINIC:

ADDRESS:

PHONE No.:

FAX No.:

DATE:

OWNER: _____

BREED: _____

IMMUNOLOGY

University of Tennessee Vet. Med.

Dept. of Comparative Medicine

2407 River Drive

Knoxville, TN 37996-4500

865 974-5643

<http://www.vet.utk.edu/>

Results are to be transmitted by: Mail Phone FAX

<input type="checkbox"/> Genetic Bird Sexing	<u>Name</u>	Male (test result)	Female
	Patient #1 _____	<input type="checkbox"/>	<input type="checkbox"/>
	Patient #2 _____	<input type="checkbox"/>	<input type="checkbox"/>
	Patient #3 _____	<input type="checkbox"/>	<input type="checkbox"/>
	Patient #4 _____	<input type="checkbox"/>	<input type="checkbox"/>
	Patient #5 _____	<input type="checkbox"/>	<input type="checkbox"/>
	Patient #6 _____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

DATE COMPLETED: _____ WORK DONE BY: _____ CHARGES: _____ (BILL TO FOLLOW)