

Antech™

D I A G N O S T I C S
(800) 872-1001

CANINE OCCULT HEARTWORM ONLY

DOCTOR

DATE

Submission Instructions:

1. Submit a maximum of eight (8 pets / 8 patients) per form. Only one form per ziplock bag.
2. This form should only be used for Canine Heartworm Antigen requests.
3. Label each tube with patient ID corresponding to the name on the Test Request Form.
4. Rubberband the tubes together to prevent breakage. Please DO NOT tape tubes together.

FOR LAB
USE ONLY

1	OWNER																	DOCTOR	
	PET I.D.																	BREED	
																		CHART #	

FOR LAB USE ONLY SPECIMENS SUBMITTED S.S. S R L

FOR LAB
USE ONLY

2	OWNER																	DOCTOR	
	PET I.D.																	BREED	
																		CHART #	

FOR LAB USE ONLY SPECIMENS SUBMITTED S.S. S R L

FOR LAB
USE ONLY

3	OWNER																	DOCTOR	
	PET I.D.																	BREED	
																		CHART #	

FOR LAB USE ONLY SPECIMENS SUBMITTED S.S. S R L

FOR LAB
USE ONLY

4	OWNER																	DOCTOR	
	PET I.D.																	BREED	
																		CHART #	

FOR LAB USE ONLY SPECIMENS SUBMITTED S.S. S R L

FOR LAB
USE ONLY

5	OWNER																	DOCTOR	
	PET I.D.																	BREED	
																		CHART #	

FOR LAB USE ONLY SPECIMENS SUBMITTED S.S. S R L

FOR LAB
USE ONLY

6	OWNER																	DOCTOR	
	PET I.D.																	BREED	
																		CHART #	

FOR LAB USE ONLY SPECIMENS SUBMITTED S.S. S R L

FOR LAB
USE ONLY

7	OWNER																	DOCTOR	
	PET I.D.																	BREED	
																		CHART #	

FOR LAB USE ONLY SPECIMENS SUBMITTED S.S. S R L

FOR LAB
USE ONLY

8	OWNER																	DOCTOR	
	PET I.D.																	BREED	
																		CHART #	

FOR LAB USE ONLY SPECIMENS SUBMITTED S.S. S R L

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EAGLE (800) 266-6668