

M & M Veterinary Laboratory

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Milan, MI 48160

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General Form

Clinic: _____ Vet: _____

Farm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Client Name: _____

Date: _____ Animal Species: _____

Animal Name:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Test Requested:

Bovine IgG

Brucellosis

BVD PCR

Camelid IgG

Equine IgG

Estradiol

Mineral Panel

Occult Heartworm

Selenium

Testosterone

Thyroid

Vitamin D

Vitamin E