

**ENDOCRINOLOGY LABORATORY SAMPLE SUBMISSION FORM:****ONE SHEET MUST BE FILLED IN PER INDIVIDUAL**

Sending Institution:	
Species:	
Animal Name/ID:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unsexed
Total Number of samples: <input type="text"/>	Sample type: <input type="checkbox"/> Faeces <input type="checkbox"/> Urine <input type="checkbox"/> Saliva <input type="checkbox"/> Serum/Plasma <input type="checkbox"/> Other
Have samples been sent from this animal before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Which hormone(s) would you like us to assay for? (please call/email if you would like to discuss any of this information further) <input type="checkbox"/> Progesterone <input type="checkbox"/> Glucocorticoids (Cortisol/Corticosterone) <input type="checkbox"/> Testosterone <input type="checkbox"/> Other	
What are you interested in looking at (e.g. cyclicity/oestrus/pregnancy/other)? <input type="text"/>	
Other relevant information (e.g. suspected dates of breeding/oestrus/parturition or reproductive history): <input type="text"/>	
Are samples being sent for routine diagnostics or research purposes?	<input type="checkbox"/> Diagnostic <input type="checkbox"/> Research
Have samples been collected invasively (e.g. serum) or non-invasively (e.g. faeces)	<input type="checkbox"/> Invasive <input type="checkbox"/> Non-invasive
Were the animals manipulated in any way to collect these samples (E.g. contraceptives given, ACTH challenge, physical stressors)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date the samples will arrive at Chester (see shipping form for further information) <input type="text"/>	
Please sign below to confirm that samples have been collected in accordance with the Animals (Scientific Procedures) Act 1986, or equivalent national animal welfare legislation.	
Signed: <input type="text"/>	Date: <input type="text"/>
Billing/Contact Information: <input type="text"/>	

For more information please contact: Rebecca Mogey Laboratory Coordinator/ John O'Hanlon Laboratory Technician
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For Admin use only:

Date sample submission form received:

Email conformation send date:

Date samples received:

Email conformation send date:

Report date sent to customer:

Date results sent:

Invoice number: