



Requisitions

Several formats are available for use. If you require a specialized requisition please contact the laboratory for a custom design. Areas within the requisition are designated for lab use and must not be used for information entry or modification. A fee of \$50 per page is assessed if ANTECH® GLP Requisitions are not completed.

Sample Alert Notice

Normal Requisition

Sample Requisition by Date

Sample Requisition by Time and Date

Excel version of Sample Requisition (Please request file)

ANTECH® GLP

600 Airport Blvd. Suite 500 | Morrisville, NC 27560
919.277.0822 | Fax: 919.277.0825



Sample Alert Notice

Date: _____

Shipping Information:

Study #: _____
Contact Person: _____
Phone: _____
Pages Faxed: _____
Airbill #s: _____

Samples/Tests:

Number of Samples/	Tests (circle)
____ Serum	Chemistry Panel Special Chem Tests
____ Plasma	Coag/Special Chem
____ Whole Blood	CBC/Special Chem
____ Urines	Urinalysis/Special Chem
____ Other	
<u>Special Request:</u> _____	

**Before Shipping
Complete and FAX To:
(919) 277-0825**

Reports:

<input type="checkbox"/> Standard (as applicable) Toxicology Clinical Trial
<input type="checkbox"/> Custom (see below)
<input type="checkbox"/> Clinical Trial with Re Range
<input type="checkbox"/> Toxicology with Mean & SD
<input type="checkbox"/> Excel File (Non-GLP)
<input type="checkbox"/> Word File

e-mail address

Notes/Special Request: Detail Below

*Custom reports are available with previous arrangements only. Please contact the lab when scheduling the study.

ANTECH® Diagnostics
600 Airpoty Blvd. Suite 500
Morrisville, NC 27560
Lab (919) 277-0822

Final Submission _____
(for this study)



Sample Testing Requisition

Protocol: _____ Time Period: _____

Collection Date: _____ Species: _____

Tests: _____

*Note: If group and/or sex are the same use arrow, initial and date of entry.
If collection dates are different or collection times are required, ask for customized requisition.*

Group	Sex	Animal ID	Accession # (Lab Use Only)	Group	Sex	Animal ID	Accession # (Lab Use Only)

CLIENT

Inventoried by: _____

Date: _____

ANTECH® LAB

Accessioned by: _____

Date: _____

ANTECH® GLP

600 Airport Blvd. Suite 500 | Morrisville, NC 27560

919.277.0822 | Fax: 919.277.0825



Sample Testing Requisition by Date

Protocol: _____ Time Period: _____ Species: _____

Tests: _____

*Note: If group and/or sex are the same use arrow, initial and date of entry.
If collection dates are different or collection times are required, ask for customized requisition.*

Group	Sex	Animal ID	Collection Date	Accession # (Lab Use Only)

Client: _____

ANTECH Lab: _____

Inventoried By: _____

Accessioned By: _____

Date: _____

Date: _____



Sample Testing Requisition by Date and Time

Protocol: _____ Species: _____

Tests: _____

*Note: If group and/or sex are the same use arrow, initial and date of entry.
If collection dates are different or collection times are required, ask for customized requisition.*

Group	Sex	Animal ID	Collection Time Period	Collection Date/Time	Accession # (Lab Use Only)

Client: _____

ANTECH Lab: _____

Inventoried By: _____

Accessioned By: _____

Date: _____

Date: _____