

VMTH Neuromuscular Disease Laboratory
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NEUROMUSCULAR HISTOPATH REQUEST FORM

Referring Veterinarian
Information

Doctor: _____
Clinic: _____
Address: _____
Phone: _____
E-mail: _____
Fax: _____

Patient Information

Owner's Last Name: _____
Animal's Name: _____
Breed: _____ Species: _____
Sex: _____ Age: _____

History (please include specific clinical signs and muscle enzymes): _____

Please list specimens submitted:

Muscle(s) \$144 first muscle; \$89 each for up to 2 additional muscles: _____

Nerve \$179 each sample: _____

Date Collected: _____

***contact lab for pricing & information on immunohistochemistry (desmin, muscular dystrophy, etc.)**