

VMTH Neuromuscular Disease Laboratory
1 Garrod Drive
University of California
Davis, CA 95616
Phone: (530) 752-1170 Fax: (530) 752-9620
NDL@ucdavis.edu

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) \$150 first muscle; \$93 each for up to 2 additional muscles:

Nerve \$186 each sample: _____

Date Collected: _____

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