

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) \$163 first muscle; \$98 each for up to 2 additional muscles:

Nerve \$195 each sample: _____

Date Collected: _____

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