## SAMPLE SUBMISSION FORM

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UCSD LABORATORY USE ONLY			

Veterinarian:		Owner:
Clini	c Name:	Pet:
Customer Number:		Case Number:
Addı	ress:	Species:
		Breed:
		Sex:
Phor	ne:	Age:
	Fax:	
	Email:	

(Please indicate either fax or email as your preferred method for receiving results.)

[X]	TEST				[X]	TEST		
	900	Complete muscle profile (first muscle)	\$75.00			907	Dystrophin immunohistochemistry	\$60.00
	901	Each additional muscle or nerve	\$45.00			907.1	907.1 Dystrophy panel	
	902	Peripheral nerve profile only (first nerve)	\$75.00			907.2 Dystrophy immunoblot		\$150.00
	903	Combined muscle and peripheral nerve profile	\$125.00			908 Carnitine quantitation - plasma \$		\$60.00
	904	2M antibody (Masticatory Muscle Myositis)	\$50.00			909 Carnitine quantitation - urine		\$60.00
	905	Acetylcholine receptor antibody (Myasthenia Gravis)	\$60.00			910 Carnitine quantitation - muscle \$		\$100.00
	906	Lactate *(Note special handling)	\$30.00			913 Urine organic acid screen		\$100.00
	911	Pyruvate *(Note special handling)	\$45.00			913.1	Metabolic panel (Plasma and urine)	\$230.00
Turnaround time for tests 900 – 906 and 911 is 5-7 working days. Turnaround time for tests 907 - 910 is 14 - 21 working days.								

HISTORY	
TISSUES SUBMITTED	

FORM OF PAYMENT		U	CSD LABORATORY USE ONL	Y		
Visa	Please bill us		Fresh Muscle(s)	F	Fixed Muscle(s)	
Mastercard	Check *		Fresh Nerve(s)	F	Fixed Nerve(s)	
Card Number:			Urine	5	Serum/Plasma	
Exp. Date:/ Signature: (We reserve the right to hold result *Checks should be made payab	Year					
				(Re	vised 01/01/2008)	