

	LSU Equine Medication Surveillance Laboratory	
SPLIT SAMPLE ANALYSIS REQUEST		

SPLIT SAMPLE ANALYSIS REQUEST

LSU Equine Medication Surveillance Laboratory (EMSL)
LSU School of Veterinary Medicine
River Road, LADDL 2054
Baton Rouge, LA 70803
Office Phone: 225-578-3601
Fax: 225-578-9555

Please fax this split sample analysis request form prior to sending the sample. Laboratory confirmation of acceptance will follow and the sample may then be shipped. Samples must be shipped in a manner that insures adequate chain of custody. Thus the information provided with the sample should include sample number, intact seals properly initialed and dated and shipping documents. Urine samples should be shipped frozen in an insulated container with ice packs to insure temperature control. Blood samples should be centrifuged and serum or plasma separated from red cells or in serum separator tubes and sent frozen. Blood samples not separated should be shipped cold in an insulated container with icepacks.

The amount of sample required is generally 5mls for urine samples and 2mls for plasma samples. All samples are done in duplicate and it is preferable to have enough sample for a repeat assay should it become necessary. Any questions as to the amount should be directed to the Director of the EMSL before submitting the sample for analysis.

Payment should be included with the sample at the time of shipment if this procedure is in keeping with jurisdiction practice otherwise payment must be received before analysis and release of data. Arrangements for invoicing payment must be made through the Director of the EMSL and is only offered to institutions and not to individuals.

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Director, Equine Medication Surveillance Laboratory
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Submitting Agency: _____
Address/ Phone / _____
Fax/e-mail _____

Laboratory Reporting Positive _____

Contact info for Laboratory _____

Please check:

Sample Type(s) Urine _____ Whole Blood _____ Plasma _____ Serum _____
Sample Volume (ml) Urine _____ Whole Blood _____ Plasma _____ Serum _____

Sample ID Number: Urine _____ Blood _____

Drug and/or Drug Metabolite Reported:

Urine _____

Blood _____

Approximate Concentration: (if known)

Urine _____

Blood _____

Qualitative Analysis ONLY Requested: yes _____ no _____

Quantification Requested: yes _____ no _____

Money Order Included: yes _____ no _____

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Anticipated Shipping Date: _____

Shipping Method: _____

Tracking Number: _____

*****We do not pay for return shipping for sample containers. Containers that require return must be accompanied by return shipping form (FedEx or UPS); and a label showing the return address and phone number:**

Shipping Container Return Address & Phone Number:

Contact Information-Person to whom results should be reported:

Name: _____

Phone: _____

Fax: _____

E-mail: _____