



**BIOCHEMICAL GENETICS LABORATORY
VETERINARY UNIT**
CTFB BUILDING, ROOM. 213
UNIVERSITY OF CALIFORNIA, SAN DIEGO
212 DICKINSON ST. SAN DIEGO, CA 92103
PH: (619) 543-5260 FAX: (619) 543-3565
LAB DIRECTOR: G. DIANE SHELTON, D.V.M., PH.D.

CLIA ID: 05D0643075 TAX ID: 33-0833316 NPI ID: 1932264413

WEB: <http://ucsdvlab.org/vet>

OWNER NAME: _____

PET NAME: _____ SEX: M F

BREED: _____ AGE: _____

ID #: _____

UCSD LAB USE ONLY	LOC CODE:	UCSD SAMPLE #:	DATE/TIME RECEIVED:
------------------------------	-----------	----------------	---------------------

1. VETERINARIAN INFORMATION REQUIRED FOR BILLING PURPOSES

REQUESTING VETERINARIAN:	Laboratory working hours are Monday through Friday, 08:00 to 16:00 PST. As our regular hours do not include weekends or holidays, we request that specimens be shipped routinely Monday-Thursday Current prices listed, as of 1-Jan-2025.
RESULTS ADDRESS	
CLINIC:	
ADDRESS:	
CITY: STATE: ZIP:	
PHONE: FAX:	

2. SAMPLE INFORMATION (ONLY ONE SPECIMEN TYPE PER REQUISITION, PLEASE)

COLLECTION DATE:	COLLECTION TIME:	
	AM PM	

3. TEST/SERVICE SELECTION

MARK THE TEST OR SERVICE YOU ARE REQUESTING AND CIRCLE THE SPECIMEN TYPE (SEE SPECIMEN KEY ABOVE). PROVIDE SPECIAL INSTRUCTIONS AS NEEDED.

TEST	SPECIMEN TYPE	PRICE	
<input type="checkbox"/> QUANTITATIVE ORGANIC ACIDS	URINE	\$400	Please label each specimen with patient's name and date/time of collection, using permanent ink, and place in a resealable plastic biohazard bag, <u>one</u> per bag (gummed labels fall off frozen specimens). <u>Turnaround times for tests is 14-21 working days.</u>
<input type="checkbox"/> QUANTITATIVE AMINO ACIDS	URINE	\$431	
<input type="checkbox"/> QUANTITATIVE AMINO ACIDS	PLASMA	\$431	
<input type="checkbox"/> METHYLMALONIC ACID	URINE	\$200	
<input type="checkbox"/> ACYLCARNITINE PROFILE	PLASMA	\$358	
<input type="checkbox"/> TAURINE	PLASMA	\$216	
<input type="checkbox"/> HOMOCYST(E)INE, TOTAL	PLASMA	\$281	
<input type="checkbox"/> CARNITINE, TOTAL, FREE	URINE	\$371	
<input type="checkbox"/> CARNITINE, TOTAL, FREE	PLASMA	\$371	
<input type="checkbox"/> CARNITINE, TOTAL, FREE	MUSCLE	\$371	

4. FORM OF PAYMENT

BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	
CLINIC:	
ADDRESS:	
CITY: STATE: ZIP:	
PHONE:	FAX:

<p>Make all checks payable to: The Regents of the University of California Please reference invoice number on all payments. Tax ID #: 95-6006144</p> <p>Send remittance statements or inquiries to: accountsreceivable@ucsd.edu</p>	<p>Mail to: UCSD Campus Main Depository P.O. Box 741539 Los Angeles, CA 90074-1539</p> <p>Electronic Payment Information Account Name: Regents of the University of California UCSD Depository Receiving Bank Name: Bank of America, NA Account #: 1233018188 ACH Routing (ABA) #: 121000358 ACH preferred format: CTX ACH Bank Address: PO Box 37025 San Francisco, CA 94137</p>
--	--