

**BIOCHEMICAL GENETICS LABORATORY****VETERINARY UNIT**

SOM4 BUILDING, ROOM. 101A  
3190 BIOMEDICAL SCIENCES WAY  
UNIVERSITY OF CALIFORNIA, SAN DIEGO  
PH: (619) 543-5260 FAX: (619) 543-3565  
LAB DIRECTOR: G. DIANE SHELTON, D.V.M., PH.D.

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

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

OWNER NAME: \_\_\_\_\_

PET NAME: \_\_\_\_\_ SEX: **M F**

BREED: \_\_\_\_\_ AGE: \_\_\_\_\_

ID#: \_\_\_\_\_

UCSD LAB  
USE ONLY

LOCCODE: \_\_\_\_\_

UCSD SAMPLE#: \_\_\_\_\_

DATE/TIME RECEIVED: \_\_\_\_\_

**1. VETERINARIAN INFORMATION REQUIRED FOR BILLING PURPOSES****RESULTS ADDRESS**

CLINIC: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

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.

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

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**

☐ QUANTITATIVE ORGANIC ACIDS

URINE

☐ QUANTITATIVE AMINO ACIDS

URINE

☐ QUANTITATIVE AMINO ACIDS

PLASMA

☐ METABOLIC PANEL (PL AA, UR OA)

PLASMA AND URINE

☐ METHYLMALONIC ACID

URINE

☐ ACYLCARNITINE PROFILE

PLASMA

☐ TAURINE

PLASMA

☐ HOMOCYST(E)INE, TOTAL

PLASMA

☐ CARNITINE, TOTAL, FREE

URINE

☐ CARNITINE, TOTAL, FREE

PLASMA

☐ CARNITINE, TOTAL, FREE

MUSCLE

Please label each specimen with patient's name and date/time of  
collection, using permanent ink,  
and place in a resealable plastic biohazard bag,  
one per bag (gummed labels fall off frozen specimens). Turnaround

times for tests is 14-21 working days.

**4. FORM OF PAYMENT****FROM ABOVE)**

CLINIC: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**Make all checks payable to:**

The Regents of the University of California  
Please reference invoice number on all payments.  
Tax ID #: 95-6006144

**Send remittance statements or inquiries to:**

[accountsreceivable@ucsd.edu](mailto:accountsreceivable@ucsd.edu)

**Mail to:**

UCSD Campus Main Depository  
P.O. Box 741539  
Los Angeles, CA 90074-1539

**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