

Veterinary Diagnostic Laboratory

UNIVERSITY OF MINNESOTA

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For Office Use Only

Exercise Induced Collapse (EIC) - Submission Form

Please download this form and complete by typing in Adobe Acrobat.

Contact Information

Attending Veterinarian (if any)

Owner Name _____

Veterinarian _____

Company /
Alternate Contact _____

Clinic _____

Address _____

Address _____

City _____ State _____

City _____ State _____

Zip _____ Country _____

Zip _____ Country _____

Phone _____ Fax _____

Phone _____ Fax _____

e-mail _____

e-mail _____

Result Reporting (Choose ONE):

e-mail: ☐ Owner or ☐ Vet Clinic **OR**
Fax: ☐ Owner or ☐ Vet Clinic

Online payment only: <https://vdل-umn.nbsstore.net/>

You **MUST** include a copy of your e-receipt with this submission.
Submissions without receipt will be held **5 business days** before disposal.

Animal Information: Breed

Registered Name (or Call Name)

Sex

DOB or Age

Registration Number

Tattoo or Microchip

Check if Tattoo
or Microchip
was verified:

Dog # 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Dog # 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Dog # 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Dog # 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Dog # 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Dog # 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Dog # 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Dog # 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Dog # 9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Dog # 10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Dog # 11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Dog # 12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Owner's Signature _____ Date _____

To be completed by attending veterinarian or veterinary technician (if any):

☐ I DID verify tattoo/microchip on these dogs. ☐ I DID NOT verify tattoo/microchip on these dogs. ☐ No tattoo/microchip

Veterinarian/Technician Signature _____ Date _____

Sample Type

☐ Whole Blood ☐ Cheek Swabs
☐ Dew Claws