



## Bronchoalveolar Lavage Submission Form

Equine Respiratory Laboratory  
 University of Calgary Faculty of Veterinary Medicine  
 Clinical Skills Building  
 11877, 85<sup>th</sup> Street NW  
 Calgary, AB, Canada T3R 1J3  
 Phone: (403) 210-7947 or Kerri (403)-210-6775

**PLEASE COMPLETE ALL FIELDS, PRINT LEGIBLY AND TYPE OR USE BLACK INK ONLY.**

<b>UCVM Acct No.:</b> _____	Check if URGENT (additional fee): <input type="checkbox"/>
<b>Submitting Veterinarian:</b> Dr. _____ Clinic Name: _____ Address: _____ City, Province, Zip: _____ Phone No. _____ Submitting Vet Signature: _____	<b>Owner/ trainer:</b> Address: _____ City, Province, Zip: _____ Phone No. (____) _____
<b>Additional Instructions:</b> Would you like the results reported by Fax or email? If Fax No.: _____ If Email, address: _____	
<b>Animal Identification:</b> Name/ID No.: _____ Species: Equine Breed: _____ Sex: _____ Age/DOB: _____	Date BAL performed: _____

**HISTORY:**

PLEASE NOTE: SAMPLES SUBMITTED FOR TESTING BECOME THE PROPERTY OF THE UCVM AND MAY BE USED FOR TEACHING PURPOSES.

The submitting veterinarian is responsible for the requested tests, fees associated with the submission and for notifying the owner of the results