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# **INTERNATIONAL MEDICAL LABORATORY**

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## **VETERINARY WELLNESS PANEL REQUEST** (Serum Separator and Lavender Top Tubes Required)

**Complete this form and bring it to your nearest IML Patient Service Center with your pet's specimen. Results will be emailed to you and faxed to your vet.**

**Pet Owner Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City, ST, ZIP** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Email** \_\_\_\_\_

  

**Pet Name** \_\_\_\_\_

**Species** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Sex** \_\_\_\_\_

  

**Veterinarian Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City, ST, ZIP** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Fax** \_\_\_\_\_

**Payment is due at time of service. Your Veterinarian may charge a separate fee for specimen collection.**

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**(800) 288-1IML • [www.internationalmedicallab.com](http://www.internationalmedicallab.com)**