

CANCELLATION/REVISION FORM**Comparative Neuromuscular Laboratory**

9500 Gilman Drive

Basic Science Building, Rm. 2095

University of California, San Diego

La Jolla, CA 92093-0709

Phone: (858)534-1537 **Fax:** (858)534-0391**Web:** <http://vetneuromuscular.ucsd.edu/>**Email:** musclelab@ucsd.edu**UCSD LABORATORY USE ONLY**

| | |
|---------------------------------|--|
| UCSD LABORATORY USE ONLY | |
| | |

| | | | |
|-------------------------|---------------|----------------------|--|
| Veterinarian: | | Owner: | |
| Clinic Name: | | Pet: | |
| Customer Number: | | Case Number: | |
| Clinic Address: | | Cancellation: | |
| | | Revision: | |
| | | Comments: | |
| Clinic Phone: | | | |
| | Fax: | | |
| | Email: | Date shipped: | |

Please cancel/revise this test submission as described above.

Approved by: _____ Date: _____