

CANCELLATION/REVISION FORM

Comparative Neuromuscular Laboratory

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Phone: (858)534-1537 **Fax:** (858)534-0391

Web: <http://vetneuromuscular.ucsd.edu/>

Email: musclelab@ucsd.edu

UCSD LABORATORY USE ONLY

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

Please cancel/revise this test submission as described above.

Signature: _____ Date: _____

Instructions:

Please print and complete the Cancellation/Revision Form and submit a scanned copy to the laboratory via email (musclelab@ucsd.edu) or via fax (858-534-0391). If you have any questions, please contact the Comparative Neuromuscular Laboratory at 858-534-1537. Cancellation of a test request must be made within 24 hours of receipt of sample **and before specimen testing has started**. We regret that a cancellation request received **after testing has started** or after the test result has been reported cannot be honored.