

BROMIDE SUBMISSION FORM

VETERINARY NEUROLOGICAL CENTER
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(602) 437-1488 FAX (602) 437-5425

SUBMISSION DATE _____ CLIENT'S NAME _____
PET'S NAME _____ REFERRING VETERINARIAN _____
BREED _____ CLINIC _____
AGE _____ SEX _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____
CASE NO _____ PHONE _____
FAX _____

PET'S WEIGHT _____ lbs.
BROMIDE DOSE _____ DATE THIS DOSE INSTITUTED _____
TYPE OF BROMIDE: _____ POTASSIUM _____ SODIUM
IF LIQUID: CONCENTRATION: _____ VOLUME _____
FREQUENCY OF DOSING _____
DATE AND TIME OF LAST DOSE _____
DATE AND TIME OF LAST BLOOD DRAW _____
CONCURRENT MEDICATIONS _____

PLEASE SUBMIT 1.0 ML SERUM

BELOW FOR LABORATORY USE ONLY

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Sample Drawn _____ hours post pill

Result: _____ mg/dL (therapeutic range 100-300 mg/dL if bromide monotherapy)
(therapeutic range 100-200 mg/dL if combination with phenobarbital)

Volume of serum submitted _____ ml

Lipemic? _____

Date Received: _____

Date Reported: _____

Comments: