

BROMIDE SUBMISSION FORM



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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: