



**Animal Clinic  
Northview, Inc.**

36400 Center Ridge Rd.  
N. Ridgeville, OH 44039  
repro@windstream.net  
Phone: (440) 327-8282  
Fax: (440) 353-0331

**Sample Preparation**

Draw 3 mL/cc of blood in a plain red top tube (no serum separator). Centrifuge, draw off serum, and send in another plain red top tube with an ice pack overnight. Use overnight courier of choice, i.e. Federal Express, UPS, US Postal Service.

Please send an unstained vaginal smear with all first progesterone samples.

**Progesterone Sample Submission Form**

Name of Dog: \_\_\_\_\_

Breed of Dog: \_\_\_\_\_

DOB: \_\_\_\_\_ Color of Dog: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

*There will be a one time interpretation fee charged if the breeding is not performed here.*

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ V-Code: \_\_\_\_\_

Check Enclosed: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

Date of Sample: \_\_\_\_\_

Type of Semen: Fresh  Fresh Chilled  Frozen

Insemination Type: Vaginal  Surgical

Transcervical  Natural

Person To Be Notified: \_\_\_\_\_

Phone: \_\_\_\_\_