**Saint Louis Zoo Endocrinology Laboratory**

**Sample Collection and Shipping**

**Fecal Samples:**

1. Collect sample as fresh as possible. (Note: if animals are group housed, all feces in area will need to be removed daily in order to ensure collection of a fresh specimen the next morning.)
2. Scoop up about a spoonful (inexpensive plastic coffee spoons work well).
3. Place in small zip-lock bag with opaque marking area (Fecal “float” vials are NOT acceptable.) Do not overfill bag. Make sure it is well sealed.
4. Using permanent black marker (Sharpie) on opaque marking area, clearly label bag with species, animal ID and date of collection.
5. Freeze immediately. Store at -70ºC. If an ultra-low freezer is not available, a regular (-20ºC) freezer will suffice for short periods (up to two months).

**Serum or urine samples:**

1. Try to send at least 1 mL of serum (more if possible for multiple hormones or lipemic specimens) or 2 mL of urine samples.
2. Using permanent black marker (Sharpie) on opaque marking area, clearly label tube with species, animal ID and date of collection.
3. Freeze in *polypropylene plastic* tubes (cryo tubes with marking area are excellent.) Store at -70ºC. If an ultra-low freezer is not available, a regular (-20ºC) freezer will suffice for short periods (up to one month).

**Prices**

**Serum or Plasma Assays:**

 $16 ($14 discounted rate for batches of 20 or more)

 $150 Species Validation (one time charge)

**Fecal, Urine or Egg Yolk Assays:**

 $19 ($17 discounted rate for batches of 20 or more)

 $200 Species Validation (one time charge)

**Shipping**

For any questions on sample handling or suggested sampling schedules, contact Corinne Kozlowski at314-646-4762**,** or at kozlowski@stlzoo.org. **Confirm with us before shipping to ensure someone will be on hand to receive the samples.**

Ship on dry ice in a **solid styrofoam box** (mark box “Frozen Specimens” and include sample submission form below) by overnight courier to:

 Corinne Kozlowski

 Endocrinologist

 Saint Louis Zoo Veterinary Hospital

 Gate 5 Wells Dr.

 St. Louis, MO 63110

**Sample Submission Form**

|  |  |
| --- | --- |
| Requesting institution |  |
| Contact InformationName |  |
| Address |  |
| City |  |
| State |  |
| Zip |  |
| Telephone |  |
| Fax |  |
| E-mail for results |  |
| E-mail for invoice (if different than above address)  |  |
| Species name |  |
| House name and ISIS |  |
| Hormone assay(s) requested ProgesteroneEstradiolTestosteroneCortisolCorticosteroneCanine relaxinOther (**Contact lab first**) |  |
| Sample type (fecal, blood, urine) |  |
| Sampling schedule (weekly, 2x a week, EOD) |  |
| Number of samples |  |
| Reason for sampling (e.g. contraceptive effectiveness, post-contraceptive recovery, fertility assessment, pregnancy diagnosis, cycle tracking) |  |
| Other pertinent information (use back of page if necessary) |  |
| Would you like the samples or extracts returned? If so, please provide a FedEx account number. |  |