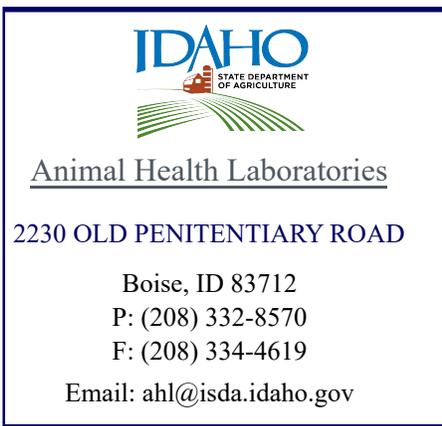


Date Sent: _____

Via: _____
(Mail, FedEx, UPS, Courier)

Date Bled/Collected: _____

Only Veterinarian collected samples are accepted.



For Lab Use Only

Accn #: _____

of Sample(s): _____

of Animal(s): _____

Lab: Sero _ Bact _ Mol _ Para _ Bangs _

Refer to: _____

Veterinarian's Name _____ Owner Name _____

Clinic Name _____ Ranch _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone _____ Fax _____ County Animal Resides _____

Email _____ Phone _____ Fax _____

_ Bovine Ovine Number in Group _____ Date of Death _____

_ Equine Caprine Number Sick _____ Euth.? Yes ___ No ___

_ Avian Canine Number Dead _____

_ Other _____ Duration of illness _____

History (Include vaccination; clinical signs; sickness duration; treatment etc. Use next page if more space is needed.):

	Animal ID/Name (Required)	Breed	Sex	Age	Specimen Type	Test(s) Requested

