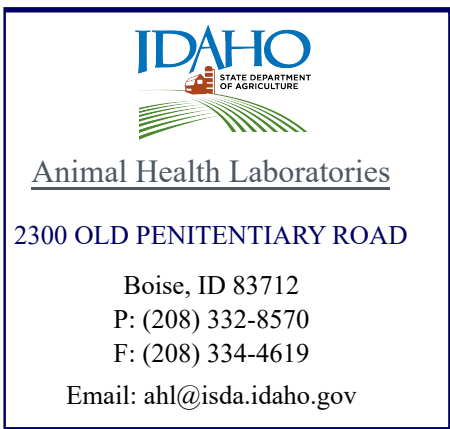


Date Sent: _____

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 _____

<input type="checkbox"/> Bovine	<input type="checkbox"/> Ovine	Number in Group _____	Date of Death _____
<input type="checkbox"/> Equine	<input type="checkbox"/> Caprine	Number Sick _____	Euth.? Yes ___ No ___
<input type="checkbox"/> Avian	<input type="checkbox"/> Canine	Number Dead _____	
<input type="checkbox"/> 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

History (continued):

Animal ID/Specimen Information
(Please use for multiple animal submission)

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