Date Sent: _____

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

Date Bled/Collected:_____

Only veterinarian collected samples are accepted.
Samples may be rejected or delayed if paperwork is incomplete.

IDAHO STATE DEPARTMENT OF AGRICULTURE

Animal Health Diagnostic Laboratory

2300 Old Penitentiary Road

Boise, ID 83712

P: (208) 332-8570
F: (208) 334-4619

Email: ahl@isda.idaho.gov

For Lab Use Only

Accn #: _____

# of Sample(s):_____

# of Animal(s):_____

Lab:☐Sero☐BacT☐Mol☐Para☐Bangs

Refer to:_____

Veterinarian's Name _____

Clinic Name _____

Address _____

City _____State _____Zip _____

Phone _____

Email ☐_____

Owner Name _____

Ranch _____

Address _____

City _____ State _____ Zip _____

County Animal Resides _____

Phone _____

☐Bovine ☐Ovine
☐Equine ☐Caprine
☐Avian ☐Canine
☐Other _____

Number in Group_____
Number Sick _____
Number Dead _____
Duration of illness _____

Date of Death_____
Euth.? ☐Yes ☐No
Prem ID (if applicable)_____
FAD# (if applicable)_____

Purpose of Submission:
☐Surveillance ☐Sale
☐Interstate Movement
☐Other _____

History (Include vaccination; clinical signs; sickness duration; treatment etc.):

_____
_____
_____
_____
_____
_____
_____

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

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

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