Date	Sent:
Via:	
	(Mail, FedEx, UPS, Courier)

FOR RAW MILK AIV PCR TESTING ONLY

JD/	HO STATE DEPARTMENT OF AGRICULTURE

Animal Health Laboratories

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):				
Lab:	Molecular AIV			
Received:				
Initials				

Veterinarian's Name	Owner Name
Clinic Name	Owner City, State, Zip
Address	Dairy Name
CityStateZip	Dairy Prem ID
Phone Fax	Dairy County, State
Email	FAD # (if applicable)

Purpose of Submission:		Test Type:	Samples must be less than 5 days old	
Surveillance Sale/Pre-Movement	FAD Diagnostic Other	Individual Pooled Note: Pooled not available for tank and silo submissions.	Collection Date Total Samples Submitted	

Lab Use	Sample/Animal ID	Tank # (if applicable)	Test	Lab Use	Sample/Animal ID	Tank # (if applicable)	Test
			AIV PCR				AIV PCR
			AIV PCR				AIV PCR
			AIV PCR				AIV PCR
			AIV PCR				AIV PCR
			AIV PCR				AIV PCR
			AIV PCR				AIV PCR
			AIV PCR				AIV PCR
			AIV PCR				AIV PCR
			AIV PCR				AIV PCR
			AIV PCR				AIV PCR
Comment	s			Comment	S		