

Client Information and Sample Submission Form



CLIENT INFORMATION

Operation Name: _____

Contact Name: _____
Last
First
M.I.

Billing Address: _____
Street Address

City
State
ZIP Code

Office Phone: () _____ Mobile Phone: () _____

Office Fax #: () _____ E-mail Address: _____

Operation Type: Seedstock Cow-calf Grower/Feedlot Dairy Calf Ranch Alpaca

SAMPLE SUBMISSION INFORMATION

	# of samples		# of samples		# of samples		# of samples
BVD		JOHNE'S ELISA		BLV ELISA		EARLYPREG28	
<input type="checkbox"/> BVD Bulk Milk PCR	_____	<input type="checkbox"/> Johne's Bulk Milk	_____	<input type="checkbox"/> BLV Bulk Milk	_____	<input type="checkbox"/> EarlyPreg28 (whole/serum)	_____
<input type="checkbox"/> BVD Ear Notch PCR	_____	<input type="checkbox"/> Johne's Milk Test	_____	<input type="checkbox"/> BLV Milk Test	_____		
<input type="checkbox"/> BVD Blood (whole/serum) PCR	_____	<input type="checkbox"/> Johne's Serum Test	_____	<input type="checkbox"/> BLV Serum Test	_____		
<input type="checkbox"/> BVD Ear Notch ELISA <i>calves greater than 30 days old</i>	_____						

Send Results: (circle one)

Invoice To: (circle one)

Fax

Operation

E-mail

Veterinarian

**PLEASE CLEARLY IDENTIFY
 Positive PI Confirmation Retest Samples**
*Results will be emailed or faxed to you the next
 business day after samples are received.*

VETERINARIAN CONTACT INFORMATION (Optional)

Clinic Name: _____ Vet Name: _____

Address: _____
Street Address

City
State
ZIP Code

Office Phone: () _____ Mobile Phone: () _____

Office Fax: () _____ E-mail Address: _____