

Client Information and Sample Submission Form



CLIENT INFORMATION

Date: _____

Operation Name: _____

Contact Name: _____
Last First M.I.

Billing Address: _____
Street Address

Office Phone: _____ *City State ZIP Code*
() Mobile Phone: _____ ()

Office Fax #: _____

E-mail Address: _____

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

SAMPLE SUBMISSION INFORMATION

Test Type: PCR (pooled) BVD PI # of samples: _____
 ELISA (individual) BVD PI
(Animal must be > 30 days old)
 Bulk/string milk

Send Results Fax E-mail

Invoice To: **Operation** **Veterinarian** Results will be emailed or faxed to you the next business day after samples are received.

**PLEASE CLEARLY IDENTIFY
Positive PI Confirmation Retest Samples**

VETERINARIAN CONTACT INFORMATION (Optional)

Clinic Name: _____

Full Name: _____
Last First M.I.

Address: _____
Street Address

Primary Phone: _____ *City State ZIP Code*
() Mobile Phone: _____ ()

Office Fax: _____

E-mail: _____

For questions contact: API Sales at (877) 278-1344 or API Lab at (503) 247-8066
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