

JOHNE'S 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

SAMPLE SUBMISSION INFORMATION

Test Type: **Johne's Disease** # of samples: _____

Send Results **Fax** **E-mail**

Invoice To: **Operation** **Veterinarian**

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
Headquarters: 6040 N. Cutter Circle, Suite. 317, Portland, OR 97217 www.animalprofiling.com