



Owner:
Address:
City: State: Zip:
Premise ID:
Ph:
E-mail:
Fax:
Owner sampled:
Date collected:
Date submitted:
Date Finalized:
Cost: \$5.00/sample

Veterinary Name:
Veterinary Licence:
Veterinary Clinic Name:
Address:
City : State: Zip:
Veterinary Signature:
Reason for submission
 Diagnostic
 Certification
Sample submitted : Serum
Accession Number:

	Official ID	Barn Name	Age	Sex	ELISA	Result
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