

Goat / Sheep Sample Submission Form

WVS LAB

PO Box 569
95 S Harris Ave Ste 203
Waupun WI
53963
920-324-3831

Invoice/Report Sent to:

Name: _____
Company: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

Label Tubes as Illustrated



◀ **Tube #**

◀ **Animal ID**
2cc or more of blood

Date Sent _____ Total # of Samples _____

Goat Breed _____ Sheep Breed _____

Payment Included \$ _____

Report by: Fax _____ Phone _____ Email _____ Mail _____

Test after the minimum Days Post Breeding (DPB)

<u>Species</u>	<u>When to Sample</u>	<u>Cost/Sample</u>
Goat and Sheep	30 DPB	\$ 5.00
CAE Elisa		\$ 5.00
Accession fee of \$10.00 for 20 Samples or less OF CAE		
Johnes		\$ 5.00
Need sex and age of animal for CAE and Johnes test		
Payment must be submitted with samples		

Tube #	Animal ID	AGE	SEX	BREED	BIOPRYN-DPB	CAE	JOHNES
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
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19							

Tube #	Animal ID	AGE	SEX	BREED	BIOPRYN-DPB	CAE	JOHNES
20							
21							
22							
23							
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26							
27							
28							
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