

Small Ruminant Lentivirus



Caprine Arthritis Encephalitis/ Ovine Progressive Pneumonia Test Sample Submission Form

Office Use Only

Log # _____

Amount Enclosed \$ _____

Notes: _____

Bill To:

Company Name: _____

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Fax: _____

Email: _____

Payment Included \$ _____ (check or money order)

Optional Information:

Veterinarian's Name: _____

Client's Name: _____

Herd ID: _____

Send Report by:

(Preferred method to receive report, check box and include info.)

Email: _____

Name & Phone: _____

Fax: _____

Mail (sent to address under **Bill To** :)

Type of Animal & Breed:

Sheep _____

Goat _____

Samples:

Date Drawn: _____ Date Sent: _____

Number of Samples Submitted: _____

Tube #	Animal ID
1	
2	
3	
4	
5	
6	
7	
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11	
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Tube #	Animal ID
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17	
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19	
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Tube #	Animal ID
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Tube #	Animal ID
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