

Caprine Arthritis Encephalitis (CAE) Virus Sample Submission Form



1150 Alturas Dr Ste 105, Moscow ID 83843

Office Use Only
Amount Enclosed
\$ _____
Log # _____

Invoice/Report Sent to:

Name: _____
Company: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

CAE Elisa for goats
Payment Included \$ _____ Bill To: Vet _____ Owner _____
Report by: Fax _____ Phone _____ Email _____ Mail _____

Label Tubes as Illustrated

◀ *Tube #*

◀ *Animal ID*
2cc or more of blood

<u>Test</u>	<u>Cost/Sample</u>
CAE	\$4.00

Date Sent _____ Total # of Samples _____

Tube #	Animal ID	Tube #	Animal ID
1		21	
2		22	
3		23	
4		24	
5		25	
6		26	
7		27	
8		28	
9		29	
10		30	
11		31	
12		32	
13		33	
14		34	
15		35	
16		36	
17		37	
18		38	
19		39	
20		40	

	Animal ID	Days Bred	Tube #	Animal ID	Days Bred
41			79		
42			80		
43			81		
44			82		
45			83		
46			84		
47			85		
48			86		
49			87		
50			88		
51			89		
52			90		
53			91		
54			92		
55			93		
56			94		
57			95		
58			96		
59			97		
60			98		
61			99		
62			100		
63			101		
64			102		
65			103		
66			104		
67			105		
68			106		
69			107		
70			108		
71			109		
72			110		
73			111		
74			112		
75			113		
76			114		
77			115		
78			116		