

# 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:**

Clinic Name: \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_  
 Client Name: \_\_\_\_\_  
 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*

**\*Pricing varies by affiliate lab please contact them prior to sending.**

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	

	<b>Animal ID</b>	<b>Days Bred</b>	<b>Tube #</b>	<b>Animal ID</b>	<b>Days Bred</b>
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		