



Number of Samples:

Ear Notches	Bloods

Test Requested:

Antigen (PI)

Antibody

Collection Date: _____

Certificate required for show/sale? Yes

Veterinary Clinic:		Client:	
Veterinarian:		Client Address:	
Address:		Client Phone Number:	
Vet Phone Number:		Client Fax Number:	
Vet Fax Number:		Client Email:	
Vet Email:		<i>Has your Vet been contacted?***</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Send Results To:	Clinic Email <input type="checkbox"/>	Client Email <input type="checkbox"/>	Send Invoice To:
	Clinic Fax <input type="checkbox"/>	Client Fax <input type="checkbox"/>	Clinic Email <input type="checkbox"/>
			Clinic Fax <input type="checkbox"/>
			Client Email <input type="checkbox"/>
			Client Fax <input type="checkbox"/>

**** Please ensure your nominated Vet is aware you are sending samples and they will be invoiced*

Are these registered cattle? Yes No

If yes, which Breed Society do you belong to? _____

Additional Information: _____

Sample #	Animal ID/Comments	Sample #	Animal ID/Comments	Sample #	Animal ID/Comments	Sample #	Animal ID/Comments
1		26		51		76	
2		27		52		77	
3		28		53		78	
4		29		54		79	
5		30		55		80	
6		31		56		81	
7		32		57		82	
8		33		58		83	
9		34		59		84	
10		35		60		85	
11		36		61		86	
12		37		62		87	
13		38		63		88	
14		39		64		89	
15		40		65		90	
16		41		66		91	
17		42		67		92	
18		43		68		93	
19		44		69		94	
20		45		70		95	
21		46		71		96	
22		47		72		97	
23		48		73		98	
24		49		74		99	
25		50		75		100	

Lab use only:	Received: _____	Invoice: _____	Reported: _____
	Milk ID: _____	Comments: _____	