

LABORATORY FORM

ANIMAL HEALTH LABS

2230 OLD PENITENTIARY ROAD

BOISE, ID 83712

PHONE: (208) 332-8570 / FAX: (208) 334-4619 www.agri.idaho.gov

Date Sent: _____ Via: _____
(Mail; Bus; Carrier; etc.)

Date Bled/Collected: _____

Export to _____ By (date) _____

LAB USE ONLY

Accession # _____

Number of Specimens _____ Specimen Type _____

Number of Animals _____ LAB: Serology Virology Bacteriology

Refer to: _____

VETERINARIAN / CLINIC

Veterinarian Name: _____

Clinic Name: _____

Address: _____

OWNER

Name: _____

Address: _____

County Animal Resides: _____

Type of Specimen: Serum Tissue Swab Milk Other (Specify) _____ **Total Number of Specimens:** _____

Species: _____ **Breed:** _____ **Sex:** F M **Age:** _____ **Weight:** _____

Number of Animals in Group: _____ Number Sick: _____ Number Dead: _____ Date/Hour of Death: _____

All results are mailed to the Clinic. You may request results by PHONE (#) (_____) or by FAX (#) (_____) . Please Note: There is a \$1.00 per page fee for all faxes.

HISTORY (Including Vaccinations; Symptoms; Sickness Duration; Treatment; Necropsy Lesions, etc.):

TEST(S) REQUESTED (If not listed below): _____

A complete animal identification is required.

Please check the box or circle the test procedure requested below.

Animal ID (required)	Anaplas. c.ELISA	Blue- tongue <input type="checkbox"/> AGID <input type="checkbox"/> cELIS A	Bovine Leukosis <input type="checkbox"/> AGID <input type="checkbox"/> ELISA	BVD I&II <input type="checkbox"/> SN <input type="checkbox"/> PCR <input type="checkbox"/> ELISA PI	<input type="checkbox"/> EHV ----- <input type="checkbox"/> EVA	SN <input type="checkbox"/> IBR <input type="checkbox"/> PI3 <input type="checkbox"/> RSV	Johne's <input type="checkbox"/> ELISA <input type="checkbox"/> Culture <input type="checkbox"/> PCR	Lepto - Panel of 6	A I <input type="checkbox"/> AGID <input type="checkbox"/> ELISA	Salmn. Pullm. --- MS	West Nile Virus	Brucella <input type="checkbox"/> Ovis
1)												
2)												
3)												
4)												
5)												
6)												
7)												
8)												
9)												
10)												
11)												
12)												
13)												
14)												
15)												

Continuation form attached: yes no