

**Owner-Collected Samples
Laboratory Submission 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: _____

Select Method to Receive Results: Faxed Copy Mailed Copy

LAB USE ONLY Accession # _____
Number of Specimens _____ Specimen Type _____
Number of Animals _____ LAB: Serology Virology Bacteriology
Payment Received Results Faxed/Mailed Date: _____ By: _____

* Owner collected and submitted samples shall be accompanied by payment in full, or the sample will be held until payment is received. Full payment includes testing fees and a \$3.00 administrative fee for either one faxed copy or one mailed copy of results to the owner only.

* Lab assays often require a particular tissue sample which is prepared and handled in a specific manner.

*Test results are not valid for disease certification programs or import-export purposes.

*A veterinarian should be consulted for advice on managing or treating animals.

*By signing this submission form, owner agrees to these conditions.

*All samples submitted become the property of the ISDA-AHL.

OWNER

Name (print name): _____

Address: _____

Phone # () _____ Fax # () _____

Signature: _____

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

Species: _____ **Breed:** _____

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

County Animal Resides: _____

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

TEST REQUESTED CAE AGID CAE ELISA Q FEVER ELISA

Animal Identification:

A complete animal identification is required

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.