

# 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 Bled/Collected: \_\_\_\_\_

Export to \_\_\_\_\_ By (date) \_\_\_\_\_

**LAB USE ONLY** Accession # \_\_\_\_\_

Number of Specimens \_\_\_\_\_ Specimen Type \_\_\_\_\_

Number of Animals \_\_\_\_\_ LAB:  Serology  Virology  Bacteriology

Refer to: \_\_\_\_\_

Date Lab Received: \_\_\_\_\_ Via: \_\_\_\_\_  
(Mail; Bus; Carrier; etc..)

### 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 of the test procedure requested below**

	Anaplas. c.ELISA	Blue- tongue <input type="checkbox"/> AGID <input type="checkbox"/> cELISA	Bovine Leukosis <input type="checkbox"/> AGID <input type="checkbox"/> cELISA	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 <input type="checkbox"/>	<input type="checkbox"/> CAE <input type="checkbox"/> OPP <input type="checkbox"/> AGID <input type="checkbox"/> ELISA	Q-Fever	Brucellosis <input type="checkbox"/> CF <input type="checkbox"/> Ovis <input type="checkbox"/> Canis
1)											
2)											
3)											
4)											
5)											
6)											
7)											
8)											
9)											
10)											
11)											
12)											
13)											
14)											
15)											

Continuation form on reverse: Yes  No

