VETERINARY DIAGNOSTIC LABORATORIES
COLORADO STATE UNIVERSITY

WESTERN SLOPE VETERINARY DIAGNOSTIC LABORATORY
425 29 ROAD, GRAND JUNCTION, CO 81504
TELE: (970) 243-0673; FAX: (970) 242-0003

Diagnostic Lab #: _____

Date Received: _____

Sample Code: _____ **Postage:**_____

Veterinarian_____ ☐ **Bill to**

Clinic _____

Address _____

City _____ State_____ Zip_____

Phone: (_____)_____-_____ Fax: (_____)_____-_____

I hereby certify that this is a correct record of samples collected by me:

_____ _____

Signature: (Accredited Veterinarian) **Date Sampled**

Owner_____ ☐ **Bill to**

Physical Address_____

City_____State _____Zip_____

Phone: (_____)_____-_____Check #_____$_____

IMPORTANT:

- **For ELISA serum submissions: to ensure quality results, please submit serum or a spun serum separator tube.**

No. of Samples: _____ **Page**_____ **of**_____

Test Request:

☐ BVDV ELISA- *serum or ear notch*
☐ BVDV PCR Individual- *ear notch only*
☐ BVDV PCR Pooled- *ear notch only*

Results:

ELISA: Neg = No BVDV antigens detected by ELISA
Pos = BVDV antigens detected by ELISA
PCR: Neg = No BVDV RNA detected by PCR
Pos = BVDV RNA detected by PCR

Lab #	Tube #	Animal ID	Age	Breed	Result		Lab #	Tube #	Animal ID	Age	Breed	Result	
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Read by_____ Date _____ Signature_____

Preliminary Report_____ Final Report_____ Invoice_____ Rev. 07/2017

Diagnostic Lab #: _______________________________ **Page**_________ **of**_________

Lab #	Tube #	Animal ID	Age	Breed	Result		Lab #	Tube #	Animal ID	Age	Breed	Result	
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