



Diagnostic Lab #: _____

Date Received: _____

Sample Code: _____ Postage: _____

Veterinarian _____ **Bill to**

Owner _____ **Bill to**

Clinic _____

Physical Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone: (____) _____ - _____ Check # _____ \$ _____

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

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

IMPORTANT:

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

Signature: (Accredited Veterinarian)

Date Sampled

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 | |
|-------|--------|-----------|-----|-------|--------|-----|-------|--------|-----------|-----|-------|--------|-----|
| | | | | | ELISA | PCR | | | | | | ELISA | PCR |
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Read by _____ Date _____ Signature _____

