



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: (____) _____ - _____

IMPORTANT:

- To ensure quality results, please submit serum or a spun serum separator tube.

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

Signature: (Accredited Veterinarian)

Date Sampled

No. of Samples: _____ Page _____ of _____

Test Request:

Brucella ovis ELISA

State where animal is located: _____

Lab #	Tube #	Animal ID	Species	Lab #	Tube #	Animal ID	Species	Lab #	Tube #	Animal ID	Species
1				21				41			
2				22				42			
3				23				43			
4				24				44			
5				25				45			
6				26				46			
7				27				47			
8				28				48			
9				29				49			
10				30				50			
11				31				51			
12				32				52			
13				33				53			
14				34				54			
15				35				55			
16				36				56			
17				37				57			
18				38				58			
19				39				59			
20				40				60			

Read by _____ Date _____ Signature _____

Lab #	Tube #	Animal ID	Species	Lab #	Tube #	Animal ID	Species	Lab #	Tube #	Animal ID	Species
__1				__1				__1			
__2				__2				__2			
__3				__3				__3			
__4				__4				__4			
__5				__5				__5			
__6				__6				__6			
__7				__7				__7			
__8				__8				__8			
__9				__9				__9			
__0				__0				__0			
__1				__1				__1			
__2				__2				__2			
__3				__3				__3			
__4				__4				__4			
__5				__5				__5			
__6				__6				__6			
__7				__7				__7			
__8				__8				__8			
__9				__9				__9			
__0				__0				__0			
__1				__1				__1			
__2				__2				__2			
__3				__3				__3			
__4				__4				__4			
__5				__5				__5			
__6				__6				__6			
__7				__7				__7			
__8				__8				__8			
__9				__9				__9			
__0				__0				__0			