

Colorado State University
Veterinary Diagnostic Lab
 27847 Road 21
 Rocky Ford, CO 81067
 719-254-6382 / 719-254-6055 fax

Diagnostic Lab Acc. No. _____
 Date Received _____ Via Courier _____
 Samples: _____
 Pools: _____

Person to bill: () Veterinarian () Owner **Results to:** () Veterinarian () Owner **By:** () Fax () Call () Mail

Veterinarian: _____
Clinic: _____
Address: _____
City: _____ **State:** ____ **Zip:** _____
Telephone: () _____ - _____
Fax: () _____ - _____
Email: _____

Owner: _____
Address: _____
City: _____ **State:** ____ **Zip:** _____
Telephone: () _____ - _____
Fax: () _____ - _____
Email: _____

Vet Signature: _____

Date of Collection: _____

Test Request: _____

Method: _____

Tube #	ID#.....	Markings/Tattoo	Sex	Age	Breed
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					