



**OREGON
DEPARTMENT OF
AGRICULTURE**

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Animal Health Laboratory

T. Foetus submission form

Veterinarian			Owner:		
Address:			Physical address:		
City:	State:	Zip:	City:	State:	Zip:
Phone:	Fax:		Phone		
Reporting: <input type="radio"/> Email <input type="radio"/> Fax			Email:		

Test Requested: <input type="radio"/> PCR (Individual) <input type="radio"/> PCR (Pooled)		Transport Media: <input type="radio"/> Transit Tube <input type="radio"/> InPouch <input type="radio"/> PBS			
Reason for test: <input type="radio"/> Initial <input type="radio"/> Retest Annual <input type="radio"/> Diagnostic <input type="radio"/> Private Sale Herd Health <input type="radio"/> Other _____		Complete herd test: <input type="radio"/> Yes <input type="radio"/> No Number of cows in herd: _____ Number of bulls in herd: _____		Collection date: _____ Frozen date: (if applicable) _____	
Veterinarian Signature:				Date:	

No.	Official Identification	OR Trich Tag	Breed	Age	Lab use only

Lab use only	Temperature: _____ °C	Specimen condition comments:
Date received:	Frozen on: _____ Tech: _____	
Received by:	Cold pack: <input type="radio"/> Yes <input type="radio"/> No	
Courier: <input type="radio"/> FedEx <input type="radio"/> UPS <input type="radio"/> USPS <input type="radio"/> Other:		



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T. Foetus continuation form

Must be submitted with T. Foetus submission form

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Veterinarian:	Owner:
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