

ODA ANIMAL HEALTH LAB POOLED FECAL CULTURE/PCR SAMPLE SUBMISSION FORM

Veterinarian: _____ Phone: _____ Fax: _____

Owner (Code #): _____ Address: _____

Date Drawn: _____ Test(s) requested: _____

Confidentiality of all information related to these tests is requested Yes No

Veterinarian's Signature _____

POOL ACC #	BAG#	ANIMAL ID	POOLACC #	BAG#	ANIMAL ID	POOL ACC #	BAG#	ANIMAL ID
	01			36			71	
	02			37			72	
	03			38			73	
	04			39			74	
	05			40			75	
	06			41			76	
	07			42			77	
	08			43			78	
	09			44			79	
	10			45			80	
	11			46			81	
	12			47			82	
	13			48			83	
	14			49			84	
	15			50			85	
	16			51			86	
	17			52			87	
	18			53			88	
	19			54			89	
	20			55			90	
	21			56			91	
	22			57			92	
	23			58			93	
	24			59			94	
	25			60			95	
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	27			62			97	
	28			63			98	
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	31			66				NEXT PAGE
	32			67				
	33			68				
	34			69				
	35			70				