

CULTURE/PCR MULTIPLE SAMPLE SUBMITTAL FORM
 ODA-AHL 635 CAPITOL ST. NE SALEM, OR 503-986-4686

ODA Form 26 P1 (2011)

VETERINARIAN'S NAME

DATE COLLECTED

ADDRESS

SAMPLE TYPE:

CITY

Zip

OWNER/CODE

PHONE #

FAX #

*****Confidentiality of all information related to these tests is requested YES NO**
 Veterinarian's Signature _____

| | ANIMAL ID | ACCESSION # | | ANIMAL # | ACCESSION # |
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