



Oregon
Department
of Agriculture

635 Capitol Street NE
Salem, OR 97301
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Animal Health Laboratory General submission form

Lab use only:

Bill to: Clinic Submitter Owner

Submitting veterinarian:			Owner:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone:	Fax:		Phone:	Fax:	
Email:			Reporting: <input type="checkbox"/> Email <input type="checkbox"/> Fax		
Clinic:			Collected date:		Submitted date:

Confidentiality of all information related to these tests is requested:

Yes No

Signature: _____

Tests requested: Tests to be performed on all samples. Use multiple submission forms for different sample groups/owners.

<input type="checkbox"/> Avian influenza (<i>no charge</i>)	<input type="checkbox"/> Johne's Culture (\$15/sample)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Mycoplasma Synoviae (\$3.20/sample)	<input type="checkbox"/> Johne's Pooled Culture (\$20/pooled sample)	
<input type="checkbox"/> Mycoplasma Gallisepticum (\$3.20/sample)	<input type="checkbox"/> Johne's ELISA (\$6/sample)	
<input type="checkbox"/> Pullorum-Typhoid Titration (\$1.50/sample)	<input type="checkbox"/> Bovine Leucosis (\$6/sample)	

Specimens submitted: Blood, whole Serum Feces Egg Swab (origin) _____ Other (origin) _____

Animal/Specimen information—Use Multiple Sample Form if necessary
Sex: F=Female, M=Male Age: Y=Years, M=Months, W=Weeks, D=Days

#	Animal/Specimen ID	Species	Breed	Sex	Age	Lab use only
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						