



**OREGON
DEPARTMENT OF
AGRICULTURE**

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**Animal Health Laboratory
Submission Continuation Form**

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*Required field. Testing will not begin until required information is received in writing.

| | | | | | | |
|---|-------------------|----------|--------------------------------------|---------------------------|------|-------------------------------------|
| *Submitter/Veterinarian: | | | Owner (if different from submitter): | | | *Collected Date: |
| Animal/Specimen Information - Use multiple sample forms if necessary. | | | | Sex: F = Female, M = Male | | Age: Y = Years, W = Weeks, D = Days |
| # | *Animal/Sample ID | *Species | *Breed | *Sex | *Age | Lab Use Only |
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