



**OREGON
DEPARTMENT OF
AGRICULTURE**

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**Animal Health Laboratory
General Submission Form**

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*Submitter:				*Owner:							
*Address:				*Address:							
*City:		*State:		*Zip:		City:		*State:		*Zip:	
*Phone:			Fax:			*Phone:			*Collected Date:		
*Email:						*Reporting: <input type="checkbox"/> Email <input type="checkbox"/> Fax			Submitted date:		
*Is this sample for NPIP? <input type="checkbox"/> Yes <input type="checkbox"/> No				*Is this sample for movement purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No				Destination: _____			
*Sample Type (Please indicate number of each sample type; leave blank or write "N/A" if none.)											
_____ Blood, whole		_____ Cloacal Swab		_____ Boot/Drag Swab (Wetting agent: <input type="checkbox"/> BPW <input type="checkbox"/> Double strength skim milk)							
_____ Blood, serum		_____ Fluff		_____ Organ		_____ Other: _____					
*Tests Requested: Tests to be performed on all samples. Use multiple submission forms for different tests.											
<input type="checkbox"/> Avian Influenza: AGID / ELISA (circle one)				<input type="checkbox"/> Bovine Leukemia Virus ELISA				<input type="checkbox"/> Johne's ELISA			
<input type="checkbox"/> Salmonella Culture: Group D / spp. (circle one)				<input type="checkbox"/> Salmonella Group D PCR				<input type="checkbox"/> Salmonella Pullorum - Typhoid			
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					
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
Lab Use Only		* Required field. Testing will not begin until required information is received in writing.									
Date Received		Temperature		Sample Condition Comments:							
Received By		Ice Pack? <input type="checkbox"/> Yes <input type="checkbox"/> No									