



**OREGON  
DEPARTMENT OF  
AGRICULTURE**

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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:  Email  Fax

Clinic:

Collected date:

Submitted date:

**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 (\$22/sample)	<input type="checkbox"/> Other:
<input type="checkbox"/> Mycoplasma Synoviae (\$3.20/sample)	<input type="checkbox"/> Johne's Pooled Culture (\$40/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 (\$6.50/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						