

**Livestock Diagnostics** 

**USDA Approved Lab** for Johne's Disease (Serology)

(559)498-0820 UBRL.ORG Lab@UBRL.ORG

## **Submission Form A**

(Blood/Serum)

PAYMENT REQUIRED PRIOR TO REPORTING

Ship To:
UBRL
1300 N. Fresno St.
Suite#220
Fresno, CA 93703

Lab Use Only					Send Report by			
Log# Acct#				_				
Log# Acct# Contact Info (REQUIRED)				☐ Email:	□ Email:			
Business Name				☐ Name &	☐ Name & Phone:			
Name								
Street Address								
Street Address				☐ Veterina	☐ Veterinarian:			
City, State Zip Code				Additional	Additional information, Veterinarian info, Special Instructions, Comments:			
Phone								
Facility					TENADT ANUNAAL	CDECINAENY on	Chinning Day	
Email					Write 'EXEMPT ANIMAL SPECIMEN' on Shipping Box. Please EMAIL Tracking #, # of Samples Sent & Test Info.			
Sample Information						# Of Samples Se		
·				Red Top or Serur	Please labe	el tubes with	Animal ID Tube #	
Date Drawn: $\frac{1}{M} \frac{1}{M} \frac{1}{D} \frac{1}{D} \frac{1}{Y} \frac{1}{Y}$ Date Sent: $\frac{1}{M} \frac{1}{M} \frac{1}{M} \frac{1}{D} \frac{1}{D} \frac{1}{Y} \frac{1}{Y}$				Separato	Animal II	D & Tube #	Name/ID 1	
				Tube ONL	.Y)			
Number of Samples Submitted:				Animal T	ype: GOAT	SHEEP	CATTLE	
Pregnancy Days Post Breeding (DPB) Required				(Requir	7)	se <u>CIRCLE ALL</u> that a	npply)	
Cattle: DPB≥28 Days; Days Post Calving ≥73 Days				Animal B	•			
Sheep/Goat: DPB≥30 Days				(Optional	al) (E	xample: Jersey/Nubian/Kat	ahdin)	
Check/M.O. with Samples OR WISA Mastercard AMERICAN DIS				DISCOVER Pay	<b>Invoice</b>	link will b	e emailed	
pa	yable to <u>UBRL</u>	VISA			once s	amples arr		
	Animal ID	Days Post	Place			t(s) for each a	animal	
Tube		Breeding (DPB)	Pregnancy	For Biosecurity S	creen select Johne'	s, CL & CAE/OPPV	Q-Fever	
#	Animal Name may be Used Label Tube with 'Animal ID' & 'Tube#'	ONLY for Pregnancy	(Cattle/Goat/Sheep)	Johne's	CL	CAE/OPPV	,	
1	Laber rube with Ammanb & rube#	for Pregnancy	bi⊚ <b>PRYN</b> °	(Cattle/Goat/Sheep)	(Goat/Sheep)	(Goat/Sheep)	(Cattle/Goat/Sheep)	
2								
3								
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10								
11								
12								
13								
14								
Lab Use Only	Received Date Received By	Ice Pack	Room Temp					



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**Submission Form A** 

1<sup>st</sup> PAGE MUST BE FILLED OUT. DO NOT SEND THIS PAGE BY ITSELF.

(Blood/Serum)

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**Ship To:** 

**UBRL** 1300 N. Fresno St. Suite#220 Fresno, CA 93703

Johne's Disease (Serology) Check/M.O. with Samples OR Invoice link will be emailed VISA **PayPal** payable to UBRL once samples arrive in lab **Days Post** Place an 'X' under desired test(s) for each animal Tube **Animal ID Breeding** For Biosecurity Screen select Johne's, CL & CAE/OPPV (Must match with physical tube) # (DPB) **Pregnancy Q-Fever** Animal Name may be Used CAE/OPPV CL Johne's ONLY for Pregnancy (Cattle/Goat/Sheep) Label Tube with 'Animal ID' & 'Tube#' <u>2</u>9 bioPRYN° (Cattle/Goat/Sheep) (Goat/Sheep) (Goat/Sheep) (Cattle/Goat/Sheep) \_ 5 \_6 \_ 7 \_8 \_9 \_0 \_1 \_ 2 \_ 3 \_4 \_ 5 \_6 \_ 7 \_8 \_9 \_ 0 \_1 2 \_3 \_4 \_ 5 \_ 6 \_ 7 \_8 \_9 \_0 \_ 1 2 \_3 4