

# Submission Form A

(Blood/Serum)

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

USDA Approved Lab for  
John's Disease (Serology)

**PAYMENT REQUIRED PRIOR TO REPORTING**

Lab Use Only Log# _____ Acct# _____	Send Report by
<b>Contact Info (REQUIRED)</b>	<input type="checkbox"/> Email: _____
Business Name	<input type="checkbox"/> Name & Phone: _____
Name	<input type="checkbox"/> Fax: _____
Street Address	<input type="checkbox"/> Veterinarian: _____
City, State Zip Code	Additional information, Veterinarian info, Special Instructions, Comments:
Phone	
Email	
<b>Sample Information</b>	<b>Write 'EXEMPT ANIMAL SPECIMEN' on Shipping Box.</b> <b>Please EMAIL Tracking #, # of Samples Sent &amp; Test Info.</b>
Date Drawn: <u>  </u> / <u>  </u> / <u>  </u> Date Sent: <u>  </u> / <u>  </u> / <u>  </u>	<b>Red Top or Serum Separator Tube ONLY</b> Please label tubes with <b>Animal ID &amp; Tube #</b>
Number of Samples Submitted: _____	<b>Animal ID</b> <b>Tube #</b> Name/ID ①
<b>Pregnancy Days Post Breeding (DPB) Required</b> Cattle: DPB ≥ 28 Days; Days Post Calving ≥ 73 Days Sheep/Goat: DPB ≥ 30 Days	<b>Animal Type: GOAT SHEEP CATTLE</b> <b>(Required)</b> (Please <u>CIRCLE ALL</u> that apply)
	Animal Breed: _____ (Optional) (Example: Jersey/Nubian/Katahdin)

Check/M.O. with Samples payable to **UBRL** OR      Invoice link will be emailed once samples arrive in lab

Tube #	Animal ID (Must match with physical tube) <i>Animal Name may be Used</i> Label Tube with 'Animal ID' & 'Tube#'	Days Post Breeding (DPB) <b>ONLY</b> for Pregnancy	Place an 'X' under desired test(s) for each animal			
			Pregnancy (Cattle/Goat/Sheep) bioPRYN	Johne's (Cattle/Goat/Sheep)	CL (Goat/Sheep)	CAE/OPPV (Goat/Sheep)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

Lab Use Only	Received Date	Received By	Ice Pack	Room Temp
--------------	---------------	-------------	----------	-----------

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

**Submission Form A**  
 (Blood/Serum)

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

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

**PAYMENT REQUIRED PRIOR TO REPORTING**

Check/M.O. with Samples payable to **UBRL** OR      Invoice link will be emailed once samples arrive in lab

Tube # <small>Example: 29</small>	Animal ID <small>(Must match with physical tube)</small> <b>Animal Name may be Used</b> <small>Label Tube with 'Animal ID' &amp; 'Tube#'</small>	Days Post Breeding (DPB) <b>ONLY for Pregnancy</b>	Place an 'X' under desired test(s) for each animal				
			Pregnancy <small>(Cattle/Goat/Sheep)</small> <small>bioPRYN</small>	<small>For Biosecurity Screen select Johne's, CL &amp; CAE/OPPV</small>			Q-Fever <small>(Cattle/Goat/Sheep)</small>
			Johne's <small>(Cattle/Goat/Sheep)</small>	CL <small>(Goat/Sheep)</small>	CAE/OPPV <small>(Goat/Sheep)</small>		
_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							