

Livestock Diagnostics

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

Submission Form A

(Blood/Serum)

USDA Approved Lab for Johne's Disease (Serology)

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

Johne's Disease (Serology) PAYMENT REQUIRED PRIOR TO						REPORTIN	G Fr	resno, C	A 93703	
Lab Use Only		Acct#				Write 'EXEMPT ANIMAL SPECIMEN' on Shipping Box. Please EMAIL Tracking #, # of Samples Sent & Test Info.				
Submitter Contact Info					Send Re	Send Report to				
Farm Nam	ne/Clinic									
Name					Emai	l:				
M						│				
Street Address						Owner Info (ONLY If Submitted By a Veterinarian)				
City, State Zip Code						Farm Name				
M					N ame	Name				
Phone					Z	Z				
Email					&	- 8				
					ン City, S — さ	City, State Zip Code				
Date Drawn://_ # of Samples					Phone	Phone				
Date Sent://_ Submitted					Email	Email				
Date Sent:/						Additional information, Special Instructions, Comments:				
Animal Bree	d(s):	(Example: Jersey/N	uhian (Katahalia)					,		
		rum Separator T) Additive	es)					
			•							
Labe	I tu	bes witl	1 Lube	# Anima	Pregn	ancy Days		•	•	
Tube	# &	Animal II	PLAIN T	Lilly (STERRETAL (S)		Cattle: DPB≥2 Sheer	8 Days ; Days F o/Goat: DPB2		'3 Days	
Check/M	.O. wi	th Samples		avience)	DICCOVED.	Inv		will be	emailed	
payal	ole to	th Samples OR UBRL	V/SA Master	Card	DISCOVER'			les arriv		
Animal Type		Anim	al ID		Place an	<mark>'X' under c</mark>				
(G)Goat	Tube	(Must match with Animal Name		Breeding (DPB)	Pregnancy		reen select Johne	's, CL & CAE/OPPV	O-Fever	
(S)Sheep (C)Cattle	#	Label Tube with 'Tul			bi@PRYN'	Johne's (Goat/Sheep/Cattle)	CL (Goat/Sheep)	CAE/OPPV	(Goat/Sheep/Cattle)	
G S C	1				(,,	(,,	(сси,сподру	(солустор)	(,,	
<u>G</u> S C	2									
<u>G</u> S C	3									
<u>G</u> S C	4									
<u>G</u> S C	5									
<u>G</u> S C	6									
<u>G</u> S C	7									
G S C	8									
<u>G</u> S C	9									
G S C	10									
G S C	11									
G S C	12									
Lab Use Only Received		Received By	Ice Pack Room	Temp		For Comprehens	ive Screen select	Johne's, CL, CAE	OPPV & O-Fever	

1st PAGE MUST BE FILLED OUT. DO NOT SEND THIS PAGE BY ITSELF.

U UNIVERSAL B R BIOMEDICAL RESEARCH L LABORATORY

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Johne's Disease (Serology)

Submission Form A

(Blood/Serum)

PAYMENT REQUIRED PRIOR TO REPORTING

Ship To:

UBRL 1300 N. Fresno St. Suite#220

Fresno, CA 93703

Check/M.O. with Samples OR Invoice link will be emailed DISCOVER DISCOVER VISA **PayPal** payable to UBRL once samples arrive in lab Animal Type Tube Days Post Place an 'X' under desired test(s) for each animal Animal ID **Breeding** (Must match with physical tube) For Biosecurity Screen select Johne's, CL & CAE/OPPV (G)Goat # (DPB) Pregnancy Animal Name may be Used Q-Fever (S)Sheep CAE/OPPV CL Johne's ONLY for Pregnancy $\text{bi} @ \textbf{PRYN}^\circ$ Label Tube with 'Tube#' & 'Animal ID' (C)Cattle <u>2</u>9 (Goat/Sheep/Cattle) (Goat/Sheep/Cattle) (Goat/Sheep) (Goat/Sheep) (Goat/Sheep/Cattle) **(G) (S) (C)** _4 **(G) (S) (C)** _5 **(G) (S) (C)** _6 \bigcirc \bigcirc \bigcirc \bigcirc **(G) (S) (C)** _7 (G) (S) (C) _8 **(G) (S) (C)** _9 (G) (S) (C) _0 _1 **(G) (S) (C)** (G) (S) (C) _2 (G) (S) (C) _3 **G S C** _4 (G) (S) (C) __5 _6 (G)(S)(C)**(G) (S) (C)** _7 (G) (S) (C) _8 **(G) (S) (C)** _9 **(G) (S) (C)** _0 **(G) (S) (C)** _1 **G S C** _2 (G) (S) (C) _3 **(G) (S) (C)** _4 _5 (G) (S) (C) **(G) (S) (C)** _6 (G) (S) (C) _7 (G) (S) (C) _8 **(G) (S) (C)** _9 (G) (S) (C) _0 _1 (G) (S) (C) (G) (S) (C) _2

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For Comprehensive Screen select Johne's, CL, CAE/OPPV & Q-Fever