

Submission Form A

(Blood/Serum)

Ship To:

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# _____

Write 'EXEMPT ANIMAL SPECIMEN' on Shipping Box.
Please EMAIL Tracking #, # of Samples Sent & Test Info.

Submitter Contact Info

Farm Name/Clinic

Name

Street Address

City, State Zip Code

Phone

Email

Send Report to

☐ Email: _____

☐ Vet Email: _____

Owner Info (ONLY If Submitted By a Veterinarian)

Farm Name

Name

Street Address

City, State Zip Code

Phone

Email

Date Drawn: ____/____/____

**# of Samples
Submitted**

Date Sent: ____/____/____

Animal Breed(s): _____
(Optional) (Example: Jersey/Nubian/Katahdin)

Red Top or Serum Separator Tube ONLY (No Additives)

**Label tubes with
Tube # & Animal ID**



Additional information, Special Instructions, Comments:

Pregnancy Days Post Breeding (DPB) Required

Cattle: DPB ≥ 28 Days; Days Post Calving ≥ 73 Days

Sheep/Goat: DPB ≥ 30 Days

Check/M.O. with Samples
payable to **UBRL**

OR



**Invoice link will be emailed
once samples arrive in lab**

Animal Type <small>REQUIRED</small> (G)Goat (S)Sheep (C)Cattle	Tube #	Animal ID <small>(Must match with physical tube)</small> Animal Name may be Used <small>Label Tube with 'Tube#' & 'Animal ID'</small>	Days Post Breeding (DPB) ONLY <small>for Pregnancy</small>	Place an 'X' under desired test(s) for each animal				
				Pregnancy <small>bioPRYN[®]</small> <small>(Goat/Sheep/Cattle)</small>	For Biosecurity Screen select Johne's, CL & CAE/OPPV			Q-Fever <small>(Goat/Sheep/Cattle)</small>
					Johne's <small>(Goat/Sheep/Cattle)</small>	CL <small>(Goat/Sheep)</small>	CAE/OPPV <small>(Goat/Sheep)</small>	
(G) (S) (C)	1							
(G) (S) (C)	2							
(G) (S) (C)	3							
(G) (S) (C)	4							
(G) (S) (C)	5							
(G) (S) (C)	6							
(G) (S) (C)	7							
(G) (S) (C)	8							
(G) (S) (C)	9							
(G) (S) (C)	10							
(G) (S) (C)	11							
(G) (S) (C)	12							

Lab Use Only Received Date Received By Ice Pack Room Temp

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

Submission Form A

(Blood/Serum)

Ship To:

UBRL

1300 N. Fresno St.

Suite#220

Fresno, CA 93703

**USDA Approved Lab for
John'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**

Animal Type <small>REQUIRED</small> (G)Goat (S)Sheep (C)Cattle	Tube # <small>Example: 29</small>	Animal ID <small>(Must match with physical tube) Animal Name may be Used Label Tube with 'Tube#' & 'AnimalID'</small>	Days Post Breeding (DPB) <small>ONLY for Pregnancy</small>	Place an 'X' under desired test(s) for each animal				
				Pregnancy <small>bioPRYN (Goat/Sheep/Cattle)</small>	For Biosecurity Screen select John's, CL & CAE/OPPV			Q-Fever <small>(Goat/Sheep/Cattle)</small>
					John's <small>(Goat/Sheep/Cattle)</small>	CL <small>(Goat/Sheep)</small>	CAE/OPPV <small>(Goat/Sheep)</small>	
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_3							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_4							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_5							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_6							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_7							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_8							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_9							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_0							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_1							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_2							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_3							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_4							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_5							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_6							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_7							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_8							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_9							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_0							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_1							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_2							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_3							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_4							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_5							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_6							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_7							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_8							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_9							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_0							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_1							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_2							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_3							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_4							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_5							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_6							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_7							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_8							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_9							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_0							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_1							
<input type="radio"/> G <input type="radio"/> S <input type="radio"/> C	_2							