

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

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

Lab Use Only
Log# _____ Acct# _____

REQUIRED

Submitter Contact Info

Farm Name/Clinic _____

Name _____

Street Address _____

City, State Zip Code _____

Phone _____

Email _____

Send Report to

Email: _____

Vet Email: _____

Vet Use ONLY

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)

Additional information, Special Instructions, Comments:

Label tubes with Tube # & Animal ID

Red Top Tube or SST (Whole blood or Serum) NO ADDITIVES

DO NOT USE Purple Top Tubes

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> <i>Animal Name may be Used</i> <small>Label Tube with 'Tube#' & 'Animal ID'</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>	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						

Please Visit 'UBRL.ORG' for Up-to-Date Pricing & Schedule For Comprehensive Screen select Johne's, CL, CAE/OPPV & Q-Fever

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



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OR



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Animal Type <small>REQUIRED</small> (G)Goat (S)Sheep (C)Cattle	Tube # <small>Example: 29</small>	Animal ID <small>(Must match with physical tube)</small> <i>Animal Name may be Used</i> <small>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</small> (Goat/Sheep/Cattle)	For Biosecurity Screen select John's, CL & CAE/OPPV		
				John's (Goat/Sheep/Cattle)	CL (Goat/Sheep)	CAE/OPPV (Goat/Sheep)	(Goat/Sheep/Cattle)
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