

Sample 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

<p>Lab Use Only Log# _____ Acct# _____</p> <p style="text-align: center;">Contact Info (REQUIRED)</p> <p>Business Name _____</p> <p>Name _____</p> <p>Street Address _____</p> <p>City, State Zip Code _____</p> <p>Phone _____</p> <p>Email _____</p>	<p style="text-align: center;">Send Report by</p> <p><input type="checkbox"/> Email: _____</p> <p><input type="checkbox"/> Name & Phone: _____ _____</p> <p><input type="checkbox"/> Fax: _____</p> <p><input type="checkbox"/> Veterinarian: _____</p> <p>Additional information, Veterinarian info, Special Instructions, Comments:</p>
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<p style="text-align: center;">Sample Information</p> <p>Date Drawn: <u> </u>/<u> </u>/<u> </u> Date Sent: <u> </u>/<u> </u>/<u> </u></p> <p>Number of Samples Submitted: _____</p> <p>Pregnancy Days Post Breeding (DPB) Required Cattle: DPB≥28 Days; Days Post Calving ≥73 Days Sheep/Goat: DPB≥30 Days</p>	<p style="background-color: red; color: white; padding: 5px;">Write 'EXEMPT ANIMAL SPECIMEN' on Shipping Box. Please EMAIL Tracking #, # of Samples Sent & Test Info.</p> <p style="background-color: red; color: white; padding: 5px;">Red Top or Serum Separator Tube ONLY</p> <p>Please label tubes with Animal ID & Tube #</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Animal ID Tube # Name/ID 1 </div> <p>Animal Type: GOAT SHEEP CATTLE <i>(Required)</i> (Please <u>CIRCLE ALL</u> that apply)</p> <p>Animal Breed: _____ <small>(Optional) (Example: Jersey/Nubian/Katahdin)</small></p>
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Check/M.O. with Samples payable to **UBRL** ORInvoice link will be emailed once samples arrive in lab

Place an 'X' under desired test(s) for each animal							
Tube #	Animal ID <small>(Must match with physical tube)</small> <i>Animal Name may be Used</i> <small>Label Tube with 'Animal ID' & 'Tube#'</small>	Days Post Breeding (DPB) REQUIRED for Pregnancy	Pregnancy <small>(Cattle/Goat/Sheep)</small> bioPRYN [®]	For Biosecurity Screen select <i>Johne's, CL & CAE/OPPV</i>			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>		
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14							

Lab Use Only	Received Date	Received By	Ice Pack	Room Temp
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Tube # <small>Example: 29</small>	Animal ID <small>(Must match with physical tube)</small> Animal Name may be Used <small>Label Tube with 'Animal ID' & 'Tube#'</small>	Days Post Breeding (DPB) REQUIRED for Pregnancy	Place an 'X' under desired test(s) for each animal				
			Pregnancy <small>(Cattle/Goat/Sheep)</small> bioPRYN [®]	For Biosecurity Screen select Johne's, CL & CAE/OPPV			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>		
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