

Submission Form BVDV PI Testing



Veterinary Clinic:	<i>Has your Vet been contacted?*</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Veterinarian:	
Address:	Collection Date:
Vet Phone Number:	Number of Samples:
Vet Fax Number:	Send Results To: <input type="checkbox"/> Clinic Email <input type="checkbox"/> Clinic Fax <input type="checkbox"/> Client Email <input type="checkbox"/> Client Fax
Vet Email:	
Client:	
Client Address:	
Client Phone Number:	Send Invoice To: <input type="checkbox"/> Clinic Email <input type="checkbox"/> Clinic Fax
Client Fax Number:	
Client Email:	

Other Information: _____

Sample #	Animal ID	Sample #	Animal ID	Sample #	Animal ID	Sample #	Animal ID
1		19		37		55	
2		20		38		56	
3		21		39		57	
4		22		40		58	
5		23		41		59	
6		24		42		60	
7		25		43		61	
8		26		44		62	
9		27		45		63	
10		28		46		64	
11		29		47		65	
12		30		48		66	
13		31		49		67	
14		32		50		68	
15		33		51		69	
16		34		52		70	
17		35		53		71	
18		36		54		72	

****Please ensure your nominated Vet is aware you are sending samples and they will be invoiced**