



Number of Samples:

Ear Notches	Bloods	Tegos	Bulk Milk

Test Requested:

Antigen (PI) ☐ Antibody ☐ PCR ☐ IBR Antibody ☐

Collection Date: _____

Certificate required for show/sale? YES / NO

Veterinary Clinic:	Client:
Veterinarian:	Client Address:
Address:	
Vet Phone Number:	Client Phone Number:
Vet Email:	Client Email:
Clinic Email:	Has your Vet been contacted? ** YES / NO
Send Results To: Clinic Email ☐ Client Email ☐	Send Invoice To: Clinic Email ☐ Client Email ☐

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

Are these registered cattle? YES / NO If yes, do you belong to a Breed society? _____

Additional Information:

Sample #	Animal ID/Comments	Sample #	Animal ID/Comments	Sample #	Animal ID/Comments	Sample #	Animal ID/Comments
1		26		51		76	
2		27		52		77	
3		28		53		78	
4		29		54		79	
5		30		55		80	
6		31		56		81	
7		32		57		82	
8		33		58		83	
9		34		59		84	
10		35		60		85	
11		36		61		86	
12		37		62		87	
13		38		63		88	
14		39		64		89	
15		40		65		90	
16		41		66		91	
17		42		67		92	
18		43		68		93	
19		44		69		94	
20		45		70		95	
21		46		71		96	
22		47		72		97	
23		48		73		98	
24		49		74		99	
25		50		75		100	

Lab use only:

Received: _____

Invoice: _____

Reported: _____

Milk ID: _____

Comments: _____