

Dairy One Blood Test Sample Submission Form

Herdcode: _____

- Preg
 Johne's
 BVD

Date: _____

Contact Person: _____

Farm Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (____) _____

E-mail: _____

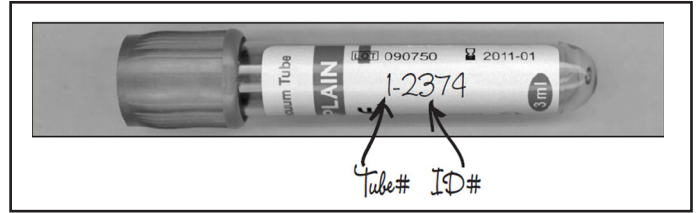
Species Check Boxes: Cattle Goat/sheep

ReOrder: 6 24 48 72 144 288

Blood Sample Instructions

Pull at least a 2cc blood sample.

With a permanent marker, label each tube with tube number and animal identification.



Preferred Method of Receiving Results:

- E-mail Mail

Tube #	Animal ID Number	Name or ID	Age (y/m)	Breed	Sex
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Tube #	Animal ID Number	Name or ID	Age (y/m)	Breed	Sex
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					



Dairy One

Return samples to: Dairy One Animal Health Diagnostic Lab
 730 Warren Road, Ithaca, New York 14850
 Ph: 1-800-344-2697 Ext. 6 or 607-252-2041
 email: ahd@dairyone.com

Tube #	Animal ID Number	Name or ID	Age (y/m)	Breed	Sex
31					
32					
33					
34					
35					
36					
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Tube #	Animal ID Number	Name or ID	Age (y/m)	Breed	Sex
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