

Dairy One Blood Test Sample Submission Form

Herdcode: _____ Preg
 Date: _____ Johne's
 Contact Person: _____
 Farm Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: (____) _____
 E-mail: _____

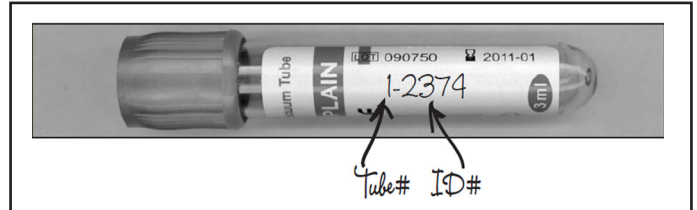
Species Check Boxes: Cattle Goat/sheep
 ReOrder: 6 24 48 72 144 288

Blood Sample Instructions

Pull at least a 2cc blood sample.
 With a permanent marker, label each tube with tube number and animal identification.

Johne's Only

Fill out the Tube# and Animal ID Number columns only.



Preferred Method of Receiving Results:

E-mail Mail

Tube #	Animal ID Number	# Days Post Breeding	# Days Post Calving	✓ if Heifer
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Tube #	Animal ID Number	# Days Post Breeding	# Days Post Calving	✓ if Heifer
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				



Return samples to: Dairy One Animal Health Diagnostic Lab
 730 Warren Road, Ithaca, New York 14850
 Ph: 1-800-344-2697 or 607-257-1272 Ext. 9966
 email: ahd@dairyone.com

Tube #	Animal ID Number	# Days Post Breeding	# Days Post Calving	✓ if Heifer
31				
32				
33				
34				
35				
36				
37				
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Tube #	Animal ID Number	# Days Post Breeding	# Days Post Calving	✓ if Heifer
66				
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