

ODA ANIMAL HEALTH LABORATORY

635 CAPITOL ST. NE SALEM OR 97301
(503) 986-4686 FAX (503) 986-4688

SPECIMEN SUBMISSION FORM

(Please print or type)

For all tests except brucellosis and EIA

Veterinarian's Name _____

Please Print

Clinic Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____

Date sample(s) taken. _____ Date shipped _____

Collected By _____

Results will be faxed

Owner's Name _____

Please Print

Ranch _____

Address _____

City _____ State _____ Zip _____

Phone _____

Bill to: _____ Owner _____ Clinic

_____ Export Sample **

Destination (state or country)

Samples submitted for regulatory programs or interstate movement **MUST** be collected by and forms signed by an accredited veterinarian:

****Confidentiality of all information related to these tests is requested** _____ Yes _____ No

Veterinarian's Signature _____

HERD/FLOCK INFORMATION

_____ Cattle _____ Llama _____ Horse _____ Bison _____ Sheep _____ Swine _____ Goat _____ Alpaca

_____ Turkey _____ Chicken _____ Emu _____ Ostrich

Location of Animals _____ Date Died _____ Euth? Yes _____ No _____

City/County _____ Abortion: trimester? _____ Age of Dam _____

History (clinical signs, nutrition, housing, vaccination, treatments, production level, related accessions, etc):

Continue on back if necessary

Disease(s) or condition(s) suspected:

Animal/Specimen Information

#	Specimen ID	Breed	Sex	Age	Specimen Type	Test(s) Requested & Methodology
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#	Specimen ID	Breed	Sex	Age	Specimen Type	Test(s) Requested & Methodology
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