



Thompson-Bishop-Sparks State Diagnostic Laboratory

890 Simms Road
Auburn, AL 36832
(334) 844-4987 Fax (334) 844-7224

BVD Virus Ear Notch Testing Submission Form

Submitted samples become the property of the laboratory

Accession #: _____
Date: _____
Case Coordinator: _____
<input type="checkbox"/> Charge <input type="checkbox"/> N/C
Paid: <input type="checkbox"/> CA <input type="checkbox"/> CK \$ _____
<input type="checkbox"/> USPS <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> Other
<input type="checkbox"/> Feedback Report
Other: _____

Veterinarian _____
 Clinic _____
 License # _____ Account # _____
 Address _____

 Phone _____
 Fax _____
 Email _____

Producer/Owner _____
 Business _____
 County _____ Premise ID _____
 Address _____

 Phone _____
 Fax _____
 Report Format Mail Fax Ear notcher Requested

Submitted by: Veterinarian Producer/Owner Other

Bill to: Veterinarian Producer/Owner Other

Authorization to share results with Program Coordinator, Dr. Soren Rodning, 334-844-7502

To obtain BVDV sample collection tubes, contact the diagnostic lab **334-844-7226**. For sample collection, refer to the instructions enclosed with the collection tubes. **Enter animal identification one animal per line; mark animals submitted for re-test.**

Specimen No.	Re-test	Animal Identification	Breed	Sex M/F	Age
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Some testing may be subcontracted out to qualified laboratories. You will be contacted for permission if this will incur further charges.

Print name _____ Signature _____ Date _____

BVD Sample Continuation Sheet -- Print or Copy As Needed

Continue numbers from previous page	Re-test	Animal Identification	Breed	Sex M/F	Age

Accession #

Page ____ / ____

BVD Sample Continuation Sheet -- Print or Copy As Needed

Continue numbers from previous page	Re-test	Animal Identification	Breed	Sex M/F	Age