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: _____
☐ Charge ☐ N/C
Paid: ☐ CA ☐ CK $
☐ USPS ☐ UPS ☐ FedEx ☐ Other
☐ 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 _____

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**

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**