

MDA SAMPLE SUBMISSION FORM



Missouri Department of Agriculture
 Animal Health Lab
 101 North Chestnut
 Jefferson City, MO 65101
 Phone: 573-751-3460 Fax: 573-751-5279

Date Collected:	Date Submitted:
Accession #	

Submitting Veterinarian:
Clinic:
Account #
Address:
City/State/Zip:
Phone:
E-mail:

Owner:
Address:
City/State/Zip:
County:
Phone:
<input type="checkbox"/> BVD ** <input type="checkbox"/> Johne's <input type="checkbox"/> Brucellosis: _____ <input type="checkbox"/> Pseudorabies <input type="checkbox"/> Anaplas <input type="checkbox"/> BLV <input type="checkbox"/> Blue Tongue <input type="checkbox"/> PRRS <input type="checkbox"/> Other: _____

	ID #	Species	Breed	Sex	Age(years)	Sample Type (Blood, Ear Notch)	Test Result (Lab Use Only)
1							
2							
3							
4							
5							
6							
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15							
16							
17							
18							
19							
20							

Final Report:	Date:	# of samples received:
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***NOTE: All BVD ear notches must be submitted dry.

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Continuation Form

	ID #	Species	Breed	Sex	Age(years)	Sample Type (Blood, Ear Notch)	Test Result (Lab Use Only)
21							
22							
23							
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49							
50							
Final Report:		Date:			# of samples received:		

***NOTE: All BVD ear notches must be submitted dry.

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