State and Federal Diagnostics Laboratory
State of Maine Department of Agriculture, Conservation, and Forestry

General Submission Form and Test Record

OWNER INFORMATION				SUBMI	SUBMITTING VETERINARIAN INFORMATION					
Owner (First and Last Name)					Veterinarian (First and Last Name)					
Physical Address					Accreditation Number					
1 Hyolodi	, tau1000			Address	i					
Phone N	umber			-					 	
ANIMAL	INFORMATION				lumber					
Species Bovine Caprine Cervid Porcine Ovine Other		Number of	Date Blood Drawn		Email AddressSignature					
		Samples		_	e EMAILED ur				Email	
TEST(S	REQUESTED Please fill out the appropr	iate form for the follow	ving tests: Equine Inf	ectious Anem	nia (VS 10-11)	and Brucellos	sis (VS Form 4	-33)		
Blue Tongue (AGID) Bovine Leukemia Virus			Leukemia Virus (
Caprine Arthritis Encephalitis (ELISA)			Ovine Progressive Pneumonia (ELISA		Other (specifiy)					
DATE T	ESTED ANALYST	SIGNATURE				LABO	RATORYRI	ESULTS		
TUBE	ANIMAL IDENTIFICATION	AGE	BREED	SEX	Test 1	Test 2	Test 3	Test 4	Test 5	
NUMBER	ANIMALIDENTIFICATION	1.02	5.1225	32/						

FOR LAB USE ONLY									
Accession Number	Date Received	LABORATORY NOTES	Entered into Database Results Distributed Animal Health Copy Sent Billing Request Sent						