



## Blood Submission Form

\_\_\_\_\_ **Johnes Blood Test**

**Use FedEx or UPS overnight or second day for timely delivery, No Ice Required.  
Two cc or more whole blood**

Company: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Date Sent \_\_\_\_\_ Total # of Samples \_\_\_\_\_ Payment Included \$ \_\_\_\_\_

Report by: Fax \_\_, Phone \_\_, Email \_\_, Mail \_\_,

Animal Tag or ID#	Animal Tag or ID#
1 _____	21 _____
2 _____	22 _____
3 _____	23 _____
4 _____	24 _____
5 _____	25 _____
6 _____	26 _____
7 _____	27 _____
8 _____	28 _____
9 _____	29 _____
10 _____	30 _____
11 _____	31 _____
12 _____	32 _____
13 _____	33 _____
14 _____	34 _____
15 _____	35 _____
16 _____	36 _____
17 _____	37 _____
18 _____	38 _____
19 _____	39 _____
20 _____	40 _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____