



609 Franklin Ave
 Sunnyside, WA 98944
 509-836-2020
ahlabs@aghealthlabs.com

Goat Blood Submission Form

Client Information

Name: _____

Address: _____

Phone: _____

Email: _____

Fax: _____

Report Information: Fax: ____ Email: ____ Mail: ____

Sample Information:

Animal ID	Test(s) Requested				
	BioPryn	CAE	Johnes	CL	Biosecurity <small>(OPP, Johnes, CL)</small>

Animal ID	Test(s) Requested				
	BioPryn	CAE	Johnes	CL	Biosecurity <small>(OPP, Johnes, CL)</small>

Payment Information:

- Check Enclosed
- Credit Card

Processing fee - \$12.50 for submissions under 10 samples for CAE, Johnes, CL, Biosecurity
(No Processing Fee on BioPRYN)

Name on Card: _____

Card Number: _____

Expiration Date: _____

CVV2 Code: _____

A service charge of 3.5% will be applied when using a credit card for payment.

Signature: _____



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Sheep Blood Submission Form

Client Information

Name: _____
Address: _____

Phone: _____
Email: _____
Fax: _____

Report Information: Fax: ___ Email: ___ Mail: ___

Sample Information:

Animal ID	Test(s) Requested				
	BioPryn	OPP	Johnes	CL	Biosecurity (OPP, Johnes, CL)

Payment Information:

- Check Enclosed
- Credit Card

Processing fee - \$12.50 for submissions under 10 samples for OPP, Johnes, CL, Biosecurity
(No Processing Fee on BioPRYN)

Name on Card: _____
 Card Number: _____
 Expiration Date: _____
 CVV2 Code: _____

A service charge of 3.5% will be applied when using a credit card for payment.

Signature: _____