Phone: (509) 836-2020
Email: ahlabs@aghealthabs.com

Billing Info:

Client Name: _____

Phone:_____

Report By: Fax:____ Email:____ Mail:_____

Address: _____

Fax:_____ Email:_____

Goat Blood Submission Form

Make checks payable to Ag Heath Labs: Mail submission form, samples, and payment to:

Ag Health Labs 445 Barnard Blvd. Sunnyside WA 98944

Lab Use Only Accession #	Animal ID	BioPRYN	CAE	Johnes	CL	Biosecurity (CAE, Johnes, & CL)

Processing Fee: $10 per submission for under 10 samples
(10 or more samples per submission NO PROCESSING FEE)

(No Processing Fee on BioPRYN)

Account Type: _____Visa_____MasterCard_____ AMEX

Cardholder Name _____

Account Number _____

Experation Date _ Billing Zip Code _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) ____

Signuture: _____

Phone: (509) 836-2020
Email: ahlabs@aghealthabs.com

Billing Info:

Client Name: _____

Phone:_____

Report By: Fax:____ Email:____ Mail:_____

Address: _____

Fax:_____ Email:_____

SheepBlood Submission Form

Make checks payable to Ag Heath Labs: Mail submission form, samples, and payment to:

Ag Health Labs 445 Barnard Blvd. Sunnyside WA 98944

Lab Use Only Accession #	Animal ID	BioPRYN	OPP	Johnes	CL	Biosecurity (OPP, Johnes, & CL)

Processing Fee: $10 per submission for under 10 samples
(10 or more samples per submission NO PROCESSING FEE)

(No Processing Fee on BioPRYN)

Account Type: _____Visa_____MasterCard_____ AMEX

Cardholder Name _____

Account Number _____

Experation Date _ Billing Zip Code _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) ____

Signuture: _____