



609 Franklin Ave  
 Sunnyside, WA 98944  
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## Goat 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)

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

### Payment Information:

- Check Enclosed
- Credit Card

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

Name on Card \_\_\_\_\_  
 Account Number \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 CVV2\* \_\_\_\_\_

\*3-digit code on back of VISA/MC, 4-digit on front of AMEX

Signature: \_\_\_\_\_