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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	CAE	Johnes	CL	Biosecurity <small>(CAE, Johnes, CL)</small>

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

Payment Information:

- Check Enclosed
- Credit Card

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

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

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

Signature: _____