



609 Franklin Ave  
 Sunnyside, WA 98944  
 509-836-2020  
[ahlabs@aghealthlabs.com](mailto: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 (OPP, Johnes, CL)

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

### Payment Information:

- Check Enclosed
- Credit Card

Name on Card: \_\_\_\_\_  
 Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 CVV2 Code: \_\_\_\_\_

**Processing fee** - \$10 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: \_\_\_\_\_



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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** - \$10 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: \_\_\_\_\_