



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) |
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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 _____

Expiration Date _ Billing Zip Code _____

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

Signature: _____



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Email: ahlabs@aghealthabs.com

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Address: _____

Fax: _____ Email: _____

Sheep Blood Submission Form

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Ag Health Labs 445 Barnard Blvd. Sunnyside WA 98944**

| Lab Use Only Accession # | Animal ID | BioPRYN | OPP | Johnes | CL | Biosecurity (OPP, Johnes, & CL) |
|-----------------------------|-----------|---------|-----|--------|----|------------------------------------|
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(10 or more samples per submission NO PROCESSING FEE)

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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) ____

Signature: _____