



Submission Form

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Accession Number

Billing Info:	Submission Date: _____
Client Name: _____	Time Submitted: _____
Contact : _____ Phone: _____	Test Date: _____
Report By: _____ Fax: _____ Email: _____ Mail: _____	Payment Info:
Address: _____	Type: _____
Fax: _____ Email: _____	Amount: _____

Bovine Blood Analysis	Quantity
<input type="checkbox"/> 6060 - BioPRYN Bovine Preg Test	_____
<input type="checkbox"/> 6010 - Johnes Bovine ELISA	_____
<input type="checkbox"/> 6015 - Total Protein	_____
<input type="checkbox"/> 6016 - Calcium	_____
<input type="checkbox"/> Other : _____	_____

Milk Analysis	Quantity
<input type="checkbox"/> 5070 - Individual Blood Agar	_____
<input type="checkbox"/> 5060 - Individual Mycoplasma	_____
<input type="checkbox"/> 5200 - Bulk Tank Blood Agar	_____
<input type="checkbox"/> 5210 - Bulk Tank Mycoplasma	_____
<input type="checkbox"/> 5120 - Bulk Tank Series (SPC,LPC & Coli)	_____
<input type="checkbox"/> 5190 - Standard Plate Count (SPC)	_____
<input type="checkbox"/> 5160 - Lab Pasteurized Count (LPC)	_____
<input type="checkbox"/> 5180 - Coliform Count (Coli)	_____
<input type="checkbox"/> 5150 - Full Run (BTS, Myco, BA)	_____
<input type="checkbox"/> 4940 - SCC - DCC (Somatic Cell Count)	_____
<input type="checkbox"/> 5303 - PCR - Pooled (pools of ≤ 10)	_____
<input type="checkbox"/> 5302 - PCR - Bulk Tank/String	_____
<input type="checkbox"/> 5301 - PCR - Individual	_____
<input type="checkbox"/> 5300 - PCR - Suspect	_____
<input type="checkbox"/> 5062 - Digitonin Sensitivity	_____
<input type="checkbox"/> Other : _____	_____

GOAT/Sheep Blood Analysis	Quantity
<input type="checkbox"/> 6066 - BioPRYN-Goat/Sheep	_____
<input type="checkbox"/> 6030 - CAE/OPP	_____
<input type="checkbox"/> 6010-1 - Johnes Goat/Sheep ELISA	_____
<input type="checkbox"/> 6032 - Caseous Lymphadenitis (CL)	_____
<input type="checkbox"/> 6031 - Biosecurity Screen (CL,CAE, Johnes)	_____
<input type="checkbox"/> 6098 - Processing Fee (<10 Samples)	_____

Water Analysis	Quantity
<input type="checkbox"/> 8010 - Colilert- P/A	_____
<input type="checkbox"/> 8011- Colilert Count-MPN	_____
<input type="checkbox"/> 8030 - Nitrate- Nitrogen	_____
<input type="checkbox"/> 8050 - Pseudomonas Count	_____
<input type="checkbox"/> Other : _____	_____

<input type="checkbox"/> 9099 - Shipping Fee	<input type="checkbox"/>
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Misc. Analysis	Quantity
<input type="checkbox"/> 9000 - Urine pH	_____
<input type="checkbox"/> 9055 - Bedding Culture	_____
<input type="checkbox"/> 6083 - Towel Culture	_____
<input type="checkbox"/> Other: _____	_____

Signature: _____

Notes/Comments: