



609 Franklin Ave
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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 _____
 Account Number _____
 Expiration Date: _____
 CVV2* _____

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

Signature: _____